

The New Mortality

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COMMENTARY

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INTRODUCTION

The new normal, the new reality, phrases which have woven their way into our everyday conversation like so many other covid era expressions – jabbed, masked, vaxed, quarantined – ad nauseum. These words are all part and parcel of the covid environment. Indeed, there is an entirely new lexicon: work-from-home, zoom meetings, flex schedules, tapered returns, cameras on, cameras off and of course, on-line learning. The messaging has been hammered home by the relentless media, government spokespersons and a variety of health care experts.

As if to make matters worse, covid, a universal and equally indiscriminate threat to everyone either directly or indirectly, has managed to not unite society, but rather divides us along political lines. Everyone either personally, the elderly and immune compromised, for example, or indirectly, the families and loved ones of those same populations, have a stake in the outcome of the pandemic.

Yet the one topic that has been carefully avoided by all sides is a more fundamental question: how do we face our fears? Perhaps it's time for another type of new – what I call the new mortality. Certainly, in the highly developed countries with life expectancies steadily creeping upward, living a full and robust life into our nineties is no longer a far-fetched thought. Our expectations about living (and dying) have been fuelled by one medical miracle after another. Heart transplants have become routine, cancer diagnoses are no longer death sentences and even our poor health habits can seemingly be fixed in a hurry with a quick cardiac catheter or even better, a simple pill.

The covid pandemic for better or worse has peeled back the visceral fear we all have of dying. For the past fifty years, at least, this steady march of technology, innovation, and incredible bank of knowledge about how our bodies work has kept that fear at bay. Sure, the occasional tragedy of a terrorist act, the randomness of life will occasionally jog our minds about the current reality of our own mortality, but they subside just as quickly as the 24-hour news cycle pushes that fear aside as global warming or the headline du jour keeps us moving forward. If covid was the enemy, where are the Roosevelts? "We have nothing to fear but fear itself". Winston Churchill offered the British people at the nadir of World War II, "I only offer you blood, toil, tears and sweat".

Instead, our fears were stoked by sensational headlines, dishonest twisting of data, vacillating officials, and the message of uncertainty. We were first told masks offer no protection and then just as quickly with much hubris, a mandate to in fact wear a mask. Flattening the curve morphed into a strategic goal that no one should ever get covid and if you did, it was your own fault. Yet there were many, many well informed public health experts who



knew then in the very early days of the covid pandemic that it would not be stopped, could not be stopped for reasons that should be self-evident. Covid would and did collect its fees in lives as it circumnavigated the planet, despite everyone's efforts or lack of effort.

You may ask, is it selfish to want to live? Is it selfish or uncaring to deny someone else's suffering? Our leaders assured us, demanded of us, that everyone should live at all costs. But why? Because the truth was too painful for the public? The public would not understand, would not accept fatalism about the pandemic? They would be voted out of office? Like many an issue, covid too was made binary in the public discussions. If we do not do this, you will die. If you do that, you will die. The hyperbolic and simplified messaging ignored both the realities of the pandemic and perhaps most importantly the nuances and complexity of any public health challenge like the one presented with covid.

Buddhist philosophy teaches that life is suffering. Because life is suffering, say Buddhists, we must learn to suffer. Clearly there has been suffering by victims and their families. But do any of us truly know how to suffer? Is there a right way to suffer? Is it grieving? Is it not in our nature to feel sadness, anger, frustration, confusion as these life events come at us – expected or not. Is learning how to suffer the same as fatalism or is it something different?

I am not advocating indifference to suffering. I am advocating that the new mortality is going to require a new framework. The new mortality is one of acceptance that some things we cannot avoid, some things are unknowable and some things that man cannot understand or conquer. We can never know the "what if" world had the reactions to covid been different, but we are already beginning to see some of the aftermath of quarantines, stay at home orders and school closings – isolation, alcoholism, psychological harm to children and others. What will be the true cost of covid be as measured not in lives lost but of life lost – in the sense of living our life as best as we could. A life filled with freedom and responsibility – a life filled with happiness, not fear and intimidation. Yes, we have saved lives, but have we sacrificed life?

This new mortality should make us now, more than ever, more brave, more resilient, and more accountable to ourselves. For far too long developed society, especially in the United States, has evolved, or perhaps devolved into a society where the shifting of blame and unaccountability is the norm. Everything is someone else's fault. A student fails an exam, it is the teacher's fault. We have been conditioned to be offended. The failure is not one of leadership or government or science or medicine. The failure has been of our own making.

We have all heard arguments that unmasked or unvaccinated people should pay for their own health expenses if they become infected – it is their own fault. Yet, no one questions the fairness of everyone in the risk pool paying for other "self-inflicted" ailments – heart disease, lung cancer, obesity, etc. Instead, terms like micro-aggressions and fat-shaming are thrown around to silence legitimate questions about real issues that affect everyone directly or indirectly as much as covid or any other public health concerns. American cities like Chicago have become virtual war zones as brutal homicides are accepted as a part of everyday life with nary a whimper from the masses. Do those deaths somehow matter less?

While we all hope the covid pandemic is a once in a life time event, the lessons here may not ever be learned, much less passed on to future generations. That would be an even bigger failure in many ways as one contemplates the current state of healthcare. Man's quest for both knowledge and immortality are infinite. The irony is that for every new cure that may lengthen the life of a person with a particular affliction, it increases the likelihood of death from yet another unvanquished disease. Equally significant challenges in healthcare are the disparities among populations. Wealth and level of education have always been a powerful predictor of longevity. As wealth continues to be distributed more and more unevenly, so too will life expectancies causing even greater misunderstanding and distrust between the haves and have-nots.

Arthur Schopenhauer, the German philosopher wrote, "Mostly it is loss that teaches us the worth of things". The world has lost many, many lives during the

covid pandemic. We still can learn the worth of things, including the worth of our lives, our own mortality, our own freedoms and our own responsibilities. We have more friends, but fewer relationships. We have lots of likes, but very little love. We are unaccustomed to death. One hundred years ago, society was not very mobile, families were larger and multi-generational. Death was never far away – it is not that death was accepted any more than today, but it was understood. Today, families are small, community is more of a construct than a reality. In today's disposable society we never take time repair things or relationships – we simply throw them away as we change jobs and cities as memories grow shorter and expectation grow ever higher. We do not face death, we run away from it. "I never thought it would happen here" is an oft repeated refrain, a sentiment in so many ways naïve. Of course, things can happen here – a murder, an earthquake, a plane crash and yes, a pandemic.

While the above narrative is but a brief snapshot, society would surely benefit from a variety future studies and the impact of mortality. It remains an open question as to how generalizable these observations are to any other disease process. The observations here are quite limited in that there is no readily available control group, per se. It is very much more of a natural experiment than any controlled study for obvious reasons. While there have been pandemics throughout the history of mankind, there is scant detailed documentation that would be comparable in today's context. Surely on-line chat rooms were unavailable in 1918 but perhaps there were town square's where people gathered which offered similar solace. Given the current state of increasing suicide, drug and alcohol addiction, there is much more to be discovered about mortality and its impact on the psychology of survivors. For example, do we react and cope differently from sudden and unexpected deaths than a slower but predictable disease process such as cancer or Alzheimer's? Further investigation into many of the phenomenon associated with covid

including a look back at previous pandemics may offer new strategies to help us deal with mortality.

The reality is that there is no solution to our mortality. The most powerful and meaningful and lasting course of action for each of us is to embrace it. Challenge it, understand it and accept it. Soren Kierkegaard, the Danish philosopher wrote, "Life can only be understood backwards, can must be lived forwards". We must go forward but first we must look back and try to begin to understand.

PEER REVIEW

Not commissioned. Externally peer reviewed.

