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# The Media and the "D" Word: An Opportunity for Journalism and America to Mature

by Edmund B. Lambeth

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*For the health care professions and bioethics community, the good news is that not only is society expecting more of journalism, journalism is expecting more of itself. Opportunities exist, especially in local community settings, for cross-professional dialogues to develop with journalists to improve how all professions handle the universal experience of death and dying.*

How do we persuade others—and ourselves—to engage and act upon the human realities of death and dying? How do—and should—the helping professions interact with journalism on these issues? None of us can put at bay such daunting questions, and our own lives may be the places to begin.

Death touched my life directly and painfully in 1972 when, at age thirty-nine, my wife, Marjorie, lost a five-year struggle with cancer. We were surrounded during those years by a loving family and friends and an unusually strong and supportive church. Yet, my judgment on those years is that, despite all, we failed to prepare our children, then nine and eleven, for their impending loss. Although there is clearly a sense in which one can never "prepare" for such an event, all was not as it should have been. Neither we nor the caring ones around us found the courage or wisdom to confront and cushion the stunning blow awaiting our son and daughter. Our fear and denial took control, abetted by a physician chemotherapist who never once mentioned the "D" word to Marjorie.

That my elder son and daughter survived the emotional trauma and grew to a sound maturity does not refute the fact that they could and should have had a more caring and informed preparation for family death. Although the primary responsibility was mine, I ask, prospectively, of the helping professions, including journalism, "How can we do better?" How can church, school and workplace extend a collective net of understanding and outreach in time to avert the worst emotional harm and cope with impending loss? What role may journalists play in this effort?

How can professionals, community leaders and citizens join together to help children work through the death of a loved one? How can we help adults in thinking through advance directives, living wills and their own mortality? How can we show mature

acceptance and intelligent compassion within our own communities to others faced with impending death? And in what way can we encourage journalism to think more sensitively about its own role, given the dailiness of death and tragedy in the news? And how, pragmatically, given that very dailiness, can we expect more of journalism? To effectively respond to these questions, concerned professionals and citizens will need, in my judgment, to design and organize information, education and discussion projects on death and dying and deliver them community to community. Although these activities could be inspired by a series of model projects funded by a national foundation, the quality of communication required by death and dying education is too intimate and individual to be done wholesale.

Those who would have the news media change their ways in covering death and dying issues will be frustrated if they pursue what I will call a media-centric strategy. The carefully planned network documentary won't turn the tide of public ignorance or indifference. Neither will an excellent new, four-part national television drama crafted precisely the way experts on death and dying wish it. Nor will special reports critically evaluating media coverage of death and dying in the *Washington Journalism Review*, *Columbia Journalism Review* or *Nieman*

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*Reports* or the *Quill*, the journals in which journalists evaluate their own work.

Any of the above media-centered projects would help. However, lasting behavioral change on such intimate issues as death and dying will come only when concerned professionals and civic leaders initiate change community by community. National and local news media can play an integral part in such change. That part is likely to develop most effectively, however, only when the helping professions directly concerned with death and dying take educational and outreach initiatives to the grassroots.

If there is good news in these troubled waters, it is that, not only is society expecting more of journalism, journalism is expecting more of itself. At no time since my entry into the field in the late 1950s

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has the craft/profession of journalism been so intelligently and conscientiously introspective. And at no time has it been so open to constructive dialogue with other helping professions. Yet, like the health professions, law, ministry, social work and teaching, journalism needs to be approached on its handling of death and dying with understanding and respect for the challenges it faces in the contemporary era. It also must be said that journalism, no more or less than other occupations, is affected by our culture's underlying attitudes toward death and dying.

My own view is that, among at least the most progressive news media, there is a hunger to discover and narrate authentic experiences of communities and individuals, narratives not merely of conflict, but of achievement, of wisdom learned as well as folly averted, including how to cope with death and dying.

Examples? Three years ago, my wife, Fran, a nurse, and I served successive periods as chair of the Health & Welfare Committee of the Missouri United Methodist Church in Columbia, located on the edge of the University of Missouri campus. Local events made us and our fellow committee members aware of an alarming growth of HIV/AIDS not only in Columbia but in the rural areas of mid-Missouri.

Although uncertain what the congregational reaction might be, our committee determined to offer six successive Sunday presentations at church on the epidemiology, prevention and treatment of HIV/AIDS and examples of how other faith communities had responded effectively in mounting programs of HIV/AIDS education and compassionate care for HIV/AIDS sufferers facing certain death.

The reaction was emphatically positive. The problem was quickly defined as requiring an ecumenical response. The result was the creation of the Regional AIDS Interfaith Network of Central Missouri (RAIN). It now has a paid executive director, an active AIDS awareness outreach to churches and civic groups, more than 180 trained volunteers representing 20 different congregations and 10 active volunteer care teams working with as many care friends who suffer with HIV/AIDS. The teams transport care friends to doctors, help prepare meals, perform light housekeeping, offer companionship and—when sought by the care friend—spiritual support.

As do volunteers in similar organizations across the United States, RAIN care team members expect an increasing caseload, especially among heterosexuals—particularly women, children and teens. Arguably, HIV/AIDS is the foremost “death and dying” issue of the 1980s and 1990s.

Viewing Columbia's experience with RAIN from the “inside,” not as a journalist but as an organizational founder, I can report that, overall, the news and feature coverage from both print and electronic media has been positive, restrained, humane, educational and accurate. The reason can be traced to extensive preparation (of ourselves, RAIN members and local journalists), openness to news coverage, low-key dialogue, responsiveness to queries and a sensitivity to the organizational pressures on journalists.

The success achieved by community interfaith organizations like RAIN in Missouri, Arkansas, Oklahoma and other states, can be achieved on death and dying issues such as durable power of attorney, living wills, organ donation, hospice and grief support groups. But to foster a more realistic and healthy attitude toward life and death in the general population, professional communities will need to work together in new, mutually respectful ways.

Physicians and health care providers can learn, as part of their education, that failure to confront issues of death and dying causes harm to families as well as to patients. Clergy and chaplains need to minister not only at the bedside of parishioners but to the young in congregational classrooms. Congregation members need to assimilate the reality of the “D” word much earlier in their lives. Community

service clubs can heighten the awareness of employers to the healthy role that advance directives and living wills can play in the lives of employees.

Mid-Missouri's experience with RAIN suggests that physicians and civic leaders would do well to consider more respectfully the creative and spiritual energies that local ecumenical groups can focus on community problems. Together with such groups, physicians, nurses, social workers, employers and school teachers can weave the web of collective, professional understanding and assistance on the many death and dying issues.

If such joint community outreaches are solidly conceived, most journalists are or can be prepared to tell stories of death and dying that serve constructive ends. By their nature, such narratives will alternately touch, trouble, nourish and nudge the civic ethic within local communities.

Largely unknown to the professional elites across much of America, a movement is underway to reposition American journalism in the communities of the nation. From Portland, Maine, to Portland, Oregon, from Charlotte, North Carolina, to Minneapolis, Minnesota, and in such varied cities as Miami, Florida; Columbia, Missouri; and Bremerton, Washington, journalists are giving birth to a new civic journalism. On topics ranging from the well-being of child welfare, health care and local job creation to the staples of schools, politics and elections, news media are actively listening to their communities as never before and crafting stories that seek to connect more surely with the needs of citizens.<sup>1,2,3</sup>

Although these efforts may one day help the financial bottom lines of the news media, the best examples of the new practice are rooted more fundamentally in the public service ethic of journalism. This emphasis has attracted the support and cooperation of such philanthropic organizations as the Knight Foundation, the Pew Charitable Trusts and the Kettering Foundation.

Higher standards evolve in journalism, sometimes amid the din of criticism but, more often, quietly within the minds of professionals who slowly perfect better ways to meet public service goals. In such a context, those who wish to work with journalists and journalism educators on death and dying issues can find cooperative colleagues.

Death and dying issues, however, pose special demands. Medical ethics, the economics of life-limiting illnesses plus the psychology and sociology of grieving all are dimensions of death and dying that journalists must understand and communicate. If approached by the caring professions with sensitivity, most editors, publishers and working journalists

can be persuaded to cooperate to deepen their own fluency on issues related to death and dying. But the published or broadcast narratives that convey the latest and wisest insights on these subjects are best assimilated by the public when they build on a local and credible community outreach effort designed and delivered locally by the caring professions themselves in concert with civic and interfaith groups. Such an effort obviously must include the

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spiritual journeys of the dying and their loved ones, whether "spiritual" is defined in theistic or non-theistic terms. Either way, the death and dying issue will challenge—and, I believe, enrich—Western journalism's legacy of striving for objectivity and aschewing all but nominal interpretation. But because journalism's fundamental legacy is a search for the full and accurate story, it is a responsibility that the best journalists, at least, will not shirk.

My own recommendation is to broaden the already existing death and dying education movement with local media invited to play an appropriate yet independent role as story tellers. The approach would need to be crafted even more effectively from the grassroots up by the caring professions in concert with civic and interfaith leaders. If the resulting experience runs parallel to that of RAIN organizations around the country, surprising new dividends will evolve. Among them is a sense of community within participating locales that is deeper, more tangible, and more pervasive than most sophisticated professionals have yet thought possible. That is because it is based upon the unique human bond that can emerge when a widening circle of citizens faces life and death together with open eyes, minds and spirits.

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