J R Coll Physicians Edinb 2009; 39:15–9

Vex not his ghost: *King Lear* and end-of-life care

[1]E Jeffrey, [2]D Jeffrey
[1]Lecturer in Drama Studies, Faculty of Arts, University of Winchester, Winchester; [2]Honorary Senior Lecturer, Department of Palliative Medicine, University of Edinburgh, Edinburgh, UK

ABSTRACT *King Lear* is not limited to a single ethical dilemma but is a play about the suffering of mankind. This paper investigates how elements of Shakespeare's play might enrich our understanding of the challenges and opportunities of modern end-of-life care. The paper addresses the following key questions:

- How can *King Lear* inform our understanding of suffering and pain in a clinical context?
- What can *King Lear* teach the professional in terms of communication with a terminally ill patient and their family?
- How does Shakespeare illuminate sensitive areas of the discourse on suicide in the elderly?

KEYWORDS Assisted suicide, end-of-life care, ethics, *King Lear*, palliative, suffering

DECLARATION OF INTERESTS No conflict of interests declared.

Published online ***January 2009***

Correspondence to ***D Jeffrey, Department of Palliative Medicine, University of Edinburgh, Edinburgh Cancer Research Centre, Western General Hospital, Edinburgh EH4 2XR, UK***

tel. ***+44 (0)131 7773518***
e-mail ***dijeffrey@btinternet.com***

INTRODUCTION

King Lear was first performed at the court of King James I on 26 December 1606: 'It was played before the Kinges Maiestie at Whitehall uppon St. Stephans night in Christmas Holidayes.'[1] The original story would have been familiar to many in that first audience. Yet Shakespeare's play departs from the original myth and represents the darkest and most cruel of all his tragedies, one which continues to have an enduring hold on our imagination in its depiction of resilient humanity in the face of despair.

King Lear's modern-day resonance spurred the playwright Edward Bond to adapt Shakespeare's play in order to draw parallels with how we respond to, or turn away from, violence and destruction.[2] Shakespeare's original narrative, however, in its exploration of grief, loss and suffering, also provides startling insights which can specifically inform modern end-of-life care.

This paper investigates how elements of Shakespeare's masterpiece might enrich our understanding of the tensions, challenges and opportunities of end-of-life care. For while it is possible to dwell upon the bleaker aspects of *King Lear* and view the play as uncompromising and depressing, it is equally viable to see how the play celebrates the human spirit in the face of persistent adversity. Lear finds a sense of self-worth and, arguably, final resolution at the end of his life through, and not despite, challenging circumstances.

A brief synopsis of the play is as follows. The ageing King Lear decides to divide his kingdom between his three daughters. His youngest daughter Cordelia is disinherited, and the kingdom is divided between her sisters Reagan and Goneril. The Earl of Kent defends Cordelia and so is banished by Lear.

In a sub-plot, the Earl of Gloucester is deceived by his bastard son Edmund, forcing Edgar, his legitimate son, to leave and feign madness as a beggar.

Lear quarrels with Reagan and Goneril and departs into a raging storm on the heath with his Fool and Kent disguised as a servant. Gloucester helps Lear but is betrayed by Edmund and is tortured by being blinded by Reagan and her husband.

Lear is taken to Dover where Cordelia has landed with a French army, which is defeated. Edmund is forced into a duel with an unknown champion who fatally wounds him and reveals himself to be Edgar. A dying Edmund orders the deaths of Lear and Cordelia and then admits his crime. Furious attempts are made to prevent Cordelia's death, but the order has already been carried out. Overwhelmed by grief, Lear dies beside Cordelia.

The play opens with King Lear disinheriting his youngest daughter Cordelia because she will not publicly express her love for him as social convention demands. Cordelia expresses her true feelings rather than conforming to court protocol. The play represents Lear's development from an arrogant figurehead to a human one: 'a very foolish fond old man' (4.7.60) who finally gains self-awareness.

Shakespeare's play confronts us with our own mortality and in doing so interrogates related notions of suffering, pain, family and identity: all concepts central to palliative care. In Bond's adaptation of the play, a soldier tells a tortured and mutilated prisoner (a counterpart to the blind Gloucester): 'You'll live if you want to'.[2] Gloucester, after being blinded and discovering Edmund's treachery, remarks: 'I stumbled when I saw.' (4.1.29) While neither Bond nor Shakespeare are glibly suggesting that traumatic

events can have a positive impact, their representations of the Lear story show how suffering may bring with it a form of catharsis and understanding.

Further, Shakespeare consistently uses inverted notions of vision and blindness as, respectively, metaphors for enlightenment and lack of clarity concerning the human condition. No character in Shakespeare's play is completely able to 'see' clearly and thus find complete reconciliation, but the playwright shows us how, when physical damage is inflicted on the person, there can also be a form of psychological healing and resolution.

END-OF-LIFE CARE

Care of the dying person is a cornerstone of palliative treatment. The aim of such care is to maintain the dignity of the patient while neither hastening death nor prolonging suffering. Although the patient is the central focus, support of the family is an integral part of palliative care. The potential spectrum of distress can overwhelm the skills of any one healthcare professional. The relief of suffering and need to address the psychological and spiritual concerns of dying patients thus require the involvement of a multidisciplinary team, working with the patient and family.

Family

At a primary level, Shakespeare explores family life and in particular the bond between father and child: 'The bond cracked twixt son and father' (1.2.108–9). The play effectively begins with Lear planning his retirement:

> 'Tis our fast intent
> To shake all cares and business from our age,
> Conferring them on younger strengths, while we
> Unburdened crawl toward death (1.1.37–40)

However, his bequest of a kingdom is conditional upon a public declaration of his daughters' love. Cordelia's refusal to take part in this charade causes her to be banished by Lear: 'Hence and avoid my sight!' (1.1.123–4) The loyal Kent tries to make Lear recognise the potential treachery of Reagan and Goneril's rehearsed answers: 'Kill thy physician and thy fee bestow upon the foul disease' (1.1.165). As so often occurs in clinical practice when breaking bad news, Kent suffers the rage vented against the bearer of bad tidings, and is also banished. The fear of rejection by the patient may be a factor preventing healthcare professionals (and family members) from the honest discussion that would help patients and families plan their future care. Similarly, patients may conceal emotions such as anger for fear that they may be rejected by the professionals on whom they depend.

Parents often quarrel with the one of their children that they most resemble. When the vain Lear gives away his kingdom, he expects gratitude from his daughters. Reagan and Goneril, however, are both cruel and cunning and, when Lear realises the depths of their treachery, he is driven mad with anger and grief: 'Thou better knowst the offices of nature, bond of childhood, effects of courtesy, dues of gratitude' (2.2.366–8).

Reagan and Goneril have broken the bond between parent and child, which is one of the fundamental moral tenets in society. When we are young, our parents seem as omnipotent as was King Lear in his prime, but as we mature we become aware of their vulnerability. Reagan and Goneril in their actions are monstrous, but they serve to illustrate the ambivalence which may lie beneath the surface of the child–parent bond.

When a parent is dying, family members are under great stress and may feel guilt, anger and helplessness. In these circumstances it is hardly surprising that healthcare professionals can be faced with families quarrelling around their dying relative. The distressed family may also vent their anger by making complaints about professional carers. Similarly, ageing parents may find it difficult to accept physical help from their children. Indeed, there is palpable tension in the play when Lear's 'Fool', or surrogate son, appears to have a world view that is more balanced and mature than that of the King himself.

Shakespeare's stark description of dysfunctional family dynamics serves to warn healthcare professionals against the unrealistic hope that they will be able to resolve all conflict. He helps them to understand the reasons why families may behave in these ways.

But Lear's relationship with his biological relatives is only one dimension of the concept of family that may inform both an understanding of the play's dynamics and those at the heart of palliative care. Lear's rancorous relationship with his daughters is contrasted with his surrogate 'family' of Gloucester, Edgar, the Fool and Kent. Just as it may be challenging for a palliative care team to understand the tensions in the biological family of the patient, they must also understand that they too may be a 'family' to the patient. The palliative care team as the 'professional family' can also be dysfunctional at times, adding to the distress of the patient. It may also be difficult for the patient and their family to question the inaccessible and powerful 'professional family'. Thus the process of end-of-life care is, as in *King Lear*, an interaction between two families: the biological and the professional.

Suffering

The themes of suffering and loss are perhaps the most relevant to end-of-life care. While we may view Lear as the central character, it would be naive to claim that Lear alone suffers. Likewise, it is not uncommon for the relatives of a terminally ill person to be more distressed than the patient.

J R Coll Physicians Edinb 2009; 39:15–9

Furthermore, some of the most acute suffering experienced by the patient is caused by the anticipation of future incapacity. At the very end of the first act Lear makes the first reference to madness: 'O let me not be mad. Not mad, sweet heaven! I would not be mad. Keep me in temper, I would not be mad' (1.5.43–5). This fear of mental deterioration is common among patients with advanced cancer and among the elderly. When Lear is later rejected by his daughter Reagan, he feels he has none of the dignity of old age: 'You see me here you gods, a poor old man, as full of grief as age, wretched in both' (2.2.461–2). As the storm begins, Lear's preoccupation with his mental collapse is again evident: 'I have full cause of weeping, but this heart shall break into a hundred thousand flaws or e'er I'll weep. O fool, I shall go mad' (2.2473–5).

While Lear dreads the onset of madness, it is poignant that it is through this 'madness' that he gains insight into injustice, hypocrisy and his own humanity. He feels what the poor of his kingdom feel: hunger, cold and despair. 'The art of our necessities is strange and can make vile things precious' (3.2.70–1).

King Lear has apparently lost everything: his daughters, his kingdom, his sanity; he even tears off his clothes. In terms of material wealth and the socially 'correct' relationship with his daughters, he has indeed lost it all. However, in a sense he has gained everything – his insight into a shared humanity: 'Unaccommodated man is no more but such a poor, bare, forked animal' (3.4.105–6).

Suffering is a part of most illness and an inevitable part of life. It is closely linked to loss, either in the present or an anticipation of loss in the future.[3] Frank writes: 'At the core of suffering is the sense that something is irreparably wrong with our lives, and wrong is the negation of what could have been right.'[3]

Doctors can engage with suffering as witnesses to patients' stories, enabling patients to share their experience of suffering. This role presents a challenge for the doctor to respond to the patient by developing a human relationship as well as a professional one.[4] In this mutual relationship the doctor learns how hard it is to be the patient, and the patient gains insight into the difficulties of being a doctor. Frank observes that doctors do not acknowledge their need to be known as part of the clinical relationship: 'The pressure of being the one who is supposed to know is, of course, as enormous as it is isolating. By contrast, in knowing and being known each supports the other.'[4]

Patients facing a terminal illness also face a crisis that can involve many apparent losses. Like King Lear, they feel that they have lost status and that their plans for a comfortable future have been shattered. They may become isolated from family and friends. Shakespeare understood that suffering is not confined to physical pain but involves a loss of a sense of self and a loss of relationships with others. Feelings of despair, helplessness and hopelessness can make some patients feel that life is no longer worth living. However, clinical experience suggests that the final stages of a patient's life may be a time of heightened self-awareness and an opportunity to find meaning and resolution.

Palliative care also involves engagement with suffering and a commitment to the individual patient that he/she will not be abandoned. This therapeutic relationship, which may take some time to develop, is a powerful way of understanding and relieving suffering. Edgar reflects that to be on one's own and suffering is much harder to bear than when the experience can be shared with others:

> Who alone suffers, suffers most i' the mind,
> Leaving free things and happy shows behind;
> But then the mind much sufferance doth o'erskip
> When grief hath mates, and bearing fellowship. (3.6.101–4)

Doctors and nurses help to relieve suffering by staying with the patient and continuing to affirm their value when there are no further active therapies available.

There are positive messages in the help that the King receives from Gloucester, Kent and finally Cordelia, his faithful daughter, who is reunited with King Lear. Briefly she has a healing role:

> O my dear father! Restoration hang
> Thy medicine on my lips; and let this kiss
> Repair those violent harms that my two sisters
> Have in thy reverence made. (4.7.26–30)

The brutal hanging of Cordelia in Act 5 leaves King Lear bearing her corpse onto the stage:

> Why should a dog, a horse, a rat have life,
> And thou no breath at all? Thou'lt come no more;
> Never, never, never, never, never. (5.3.304–7)

In his terminal grief Lear expresses outrage that while his beloved daughter is dead, even animals continue to live. But at the same time, the very fact that Lear can acknowledge the continuation of life indicates that he has abandoned his self-centred view of the universe. His focus is now upon Cordelia, whose death he finds unbearable; he dies half-believing that her lips moved at the moment of his own death.

SUICIDE AND ASSISTED SUICIDE

Lear expresses terror at the thought of impending madness and suffering, yet finds healing and renewal as the play progresses. However, for some patients the

prospect of future pain proves so overwhelming that they request assistance from their doctors to commit suicide. *King Lear* has valuable reflections on this difficult and sensitive issue.

Gloucester is blinded as punishment for helping King Lear. Wounded, he plans to throw himself off the cliffs of Dover. He is led by a beggar, Poor Tom, who is his loyal son Edgar in disguise. Gloucester is traumatised by both his blinding and by his discovery of Edmund's deception. The disguised Edgar knows his father is full of despair but attempts to convince him to continue to live by tricking him into believing they have reached the edge of the cliff. He describes a huge drop in front of Gloucester, but in reality there is no cliff. Gloucester steps off, towards what he thinks is certain death, and falls to the ground at his feet. In his shocked state he believes he has landed on the beach a hundred feet below. In a different voice, Edgar tells him he has survived a fall from the cliff top. Gloucester cries: 'Is wretchedness deprived that benefit to end itself by death?' (4.6.61–2). However, on further reflection, he changes his mind: 'Henceforth I'll bear affliction till it do cry out itself, "Enough, enough", and die' (4.6.75–7). Later, Gloucester again despairs and is urged to flee by his son. He replies: 'No further, sir; a man may rot even here' (5.2.8). However, Edgar is not going to allow his father to give up, and responds: 'Men must endure their going hence even as their coming hither; Ripeness is all' (5.2.9–11).

This scene is possibly the hardest to explain. Why does Edgar keep up his disguise after he is reunited with his father? Although the deception surrounding Gloucester's suicide attempt is not how doctors would respond to a patient's request to 'help me to die', the scene demonstrates that all lives have potential. In this case, Gloucester comes to learn later that his son Edgar is alive.

Patients with a terminal disease may have suicidal thoughts, but these frequently change with time and when they receive appropriate support. Individuals need to feel that they matter and that they are supported to have as good a quality of life as possible until they die from their disease.

At present in the UK there are those who are lobbying to legalise physician-assisted suicide. Four hundred years ago Shakespeare understood that we can never know what lies ahead and that even when life expectancy is limited, life is full of possibility. In Edgar's response – 'Ripeness is all' – the playwright draws an analogy between the suffering endured at birth and that which may occur in dying. Those working in palliative care share this sense of an appropriate time for death and are opposed to any move to legalise medicalised killing.[5] Gloucester lives to meet King Lear in one of the most moving scenes in drama. It is during this dialogue that Lear comes to appreciate his vulnerability: 'They told me I was everything; 'tis a lie, I am not ague-proof' (4.6.103–4).

APPROPRIATE CARE OF THE DYING

Shakespeare considers the question of appropriate intervention at the end of life. When King Lear dies, Edgar steps forward to revive him: 'Look up, my lord' (5.3.312). However, Kent stops him:

> Vex not his ghost; O, let him pass. He hates him
> That would upon the rack of this tough world
> Stretch him out longer. (5.3.313–5)

Medical decisions at the end of life regarding withholding or withdrawing treatments are concerned with the difficult issues of balancing a wish to prolong life at any cost with a humanity which recognises that terminal diseases have a lethal power and it is sometimes appropriate to allow natural death. While medical technology has the power to prolong the process of dying, Shakespeare was aware that sometimes it is wiser to allow the natural course of events to occur than to intervene at the end of life.

These lessons are germane to palliative chemotherapy. Doctors need to consider whether it is ethically justifiable to use powerful drugs, which may have considerable side effects, as a way of maintaining hope or because of a pressure to be seen to be doing something.[6]

As a society, our attitude to death is one of denial. For many, death is viewed as a medical failure, not as a natural part of life.

CONCLUSIONS

Nutall quotes a 'law': 'Whatever you think of, Shakespeare will have thought of first'.[7] *King Lear*, arguably the greatest tragedy ever written, retains its power to provoke and disturb audiences today. Healthcare professionals working with dying patients and their families need to engage with their suffering and develop healthy ways of dealing with this stress. The most effective mechanism for this is through good teamworking between the biological and the professional families.

In *King Lear* we are not dealing with a single ethical dilemma but a play about the suffering of mankind.[8] Shakespeare describes the many dimensions of suffering: physical, social, psychological and spiritual. This concept was adapted by Dame Cicely Saunders in her writings on 'Total Pain'.[9] But can anything be learned from suffering? Edgar, Gloucester and Lear help each other and so become more humane in reassessing themselves and the society in which they live.

The fact that at the end of the play the three survivors, Kent, Albany and Edgar, are unwilling to take up the crown, may suggest a negative ending. However, the men

are abandoning an oppressive patriarchal system that champions convention and conformity over the individual's feelings. Edgar does not even attempt to articulate his grief but says that at this sad time they must say what they feel:

> The weight of this sad time we must obey;
> Speak what we feel, not what we ought to say.
> The oldest hath borne most; we that are young
> Shall never see so much nor live so long.
> (5.3.322–5)

Edgar's last lines act as a warning that we should attend to and protect the emotional aspects of care.

Shakespeare's genius lies in his exploration of the ethical issues that underpin all human relationships without being overt in his position. *King Lear* resonates over four centuries for each new generation to gain insights into its own contemporary ethical and social challenges.

Acknowledgement The authors wish to thank the paper's referees for their thoughtful and constructive suggestions.

REFERENCES

1 Ackroyd P. *Shakespeare: the biography.* New York: Nan A. Talese; 2005. p. 445.
2 Bond E. *Lear.* London: Methuen; 1990.
3 Frank AW. Can we research suffering? *Qual Health Res* 2001; 11:353–62.
4 Frank AW. Just listening: narrative and deep illness. *Syst Health* 1998; 16:197–212.
5 Jeffrey D. *Against physician-assisted suicide. A palliative care perspective.* Oxford: Radcliffe; 2008.
6 Munday DF, Maher EJ. Informed consent and palliative chemotherapy. *BMJ* 2008; 337:471–2.
7 Nuttall AD. *Shakespeare the thinker.* New Haven and London: Yale University Press; 2007. p. 307.
8 Kermode F. *Shakespeare's language.* London: Allen Lane; 2000. p.184.
9 Saunders C. The care of the dying patient and his family. *Contact* 1972; 38:12–8.

The text used is the Arden Shakespeare edition of *King Lear*, 2007.

THANK YOU TO OUR INTERNATIONAL REFEREES IN 2008

Dr KB Ahluwalia, University of Louisville, USA
WT Al-Rawi, University of North Carolina, USA
Dr JF Alvares, Margao, India
Dr S N Arseculeratne, University of Peradeniya, Sri Lanka
Prof. RA Asherson, University of the Witwatersrand, South Africa
Dr RN Baergen, New York Presbyterian Hospital-Weill Medical College, USA
Dr JH Bower, Mayo Clinic, USA
Dr JH Day, Queens University, Canada
Dr M Dinis-Ribeiro, Instituto Português de Oncologia Francisco Gentil, Portugal
Dr E Espey, University of New Mexico, USA
D AK Ghosh, Mayo Clinic, USA
Dr L Greillier, Université de la Méditerranée, France
Dr S Harbarth, Hôpitaux Universitaires de Genève, Switzerland
Dr A Hartmann, University of Oslo, Norway
Dr WW de Herder, Erasmus MC, the Netherlands
Dr YH Hong, Seoul National University, South Korea
Prof. HP Horny, Institute of Pathology Ansbach, Germany
Prof. E Hund, Ruprecht-Karls-Universität, Germany
Prof. C Kindler, Kantonsspital Aarau, Switzerland
Prof. N Latronico, University of Brescia, Italy
Dr F Laurent, Hôpital du Haut-Lévêque, France
Dr K van der Linde, Medical Center Leeuwarden, the Netherlands
Dr VKS Leung, United Christian Hospital, Hong Kong
Prof. AB Lowenfels, New York Medical College, USA
Dr N Mendoza, Center for Clinical Studies, USA
Prof. DA Moneret-Vautrin, Nancy University Hospital, France
Dr WG Ondo, Baylor College of Medicine, USA
Dr A Paris, Centre d'Investigation Clinique, France
Dr DI Park, Sungkyunkwan University, South Korea
Dr A Pisani, Università di Roma Tor Vergata, Italy
Dr RE Reisman, State University of New York, USA
Dr T Revai, St John's Hospital, Hungary
Dr MP Rivera, University of North Carolina, USA
Prof. C Saltini, Policlinico Tor Vergata, Italy
Dr PC Sarzi-Puttini, L Sacco University Hospital, Italy
Dr K Schulz-Bischof, Katholisches Marienkrankenhaus, Germany
Dr PF Shanley, State University of New York, USA
Prof. Y Shoenfeld, Sheba Medical Center, Israel
Dr GM Siddi, University of Sassari, Italy
Dr RD Stevens, Johns Hopkins University School of Medicine, USA
Prof. I Uthman, American University of Beirut, Lebanon
Prof. I Virgolini, Medical University of Innsbruck, Austria
Dr V Voutselas, University of Thessaly, Greece
Dr NV Vu, University of Geneva Faculty of Medicine, Switzerland
Dr M Wensing, Radboud University Nijmegen Medical Centre, the Netherlands
Dr SN de Wildt, Hospital for Sick Children, Toronto, Canada
Dr MM Zhang, Zhejiang University, China