As the COVID-19 pandemic sweeps across the world, what was once thought of as a virus that is “no worse than the flu” and that “only affects the elderly” has begun to frighteningly prove otherwise. Anecdotes are popping up across various media platforms showing that young people are also getting deathly ill and bursting the comfortable bubble of supposed immunity that some thought they possessed. Harrowing stories like these fill social media platforms such as Twitter, enlightening users on the reality and severity of the scenario:

- My best friend was hospitalized with COVID-19 last week. She's 31 and one of the healthiest people I know. No underlying conditions. Her lung partially collapsed. She was on oxygen. Those lungs ran college track and 2 marathons. This virus does not discriminate. She's still sick. (@meghan_ottolini)
- I intubated my colleague today, a young, healthy ER doc like me. (@davidzodda)
- "Last night, I was speaking with a young parent... We needed to put the breathing tube in, and we all watched while they called their child at home and said, 'I love you so much'... And that was it."- Boston Medical Center's Dr. Lakshmana Swamy on treating coronavirus patients. (@CNN)
- Former coworker and friend, younger than me, now intubated in our ICU. It all hit me at once and I cried for the first time since all of this started. The fear and uncertainty feel overwhelming right now. (@queenofironyRN)

Such anecdotes have been hopefully successful in squashing misconceptions about youth immunity, as well as eye-opening to the realities of self-mortality to a generation that has generally not been forced to deal with the issue. However, coming to an abrupt realization that you are not immortal is not the same as dealing with and accepting it. For me, as hard as these heartbreaking stories were to read, the blow of our eventual mortality was softened due to knowledge I’ve accumulated through the readings over the period of this class. Not only can literature be therapeutic, but it can also teach readers things they didn’t realize they were lacking in by exposing them to narratives and stories that can shape their way of thinking. Literature can be a powerful medicine, and I can only hope that during scary and unprecedented times like these, it can offer others the same comfort and antidote to fear that I found.

Dealing with death is not easy or comfortable. Nor is it a new and contemporary issue. People have been fighting with the notion of mortality, and search for immortality, for as long as humanity has existed. One of the oldest stories found to date, The Epic of Gilgamesh (rewritten by Stephen Miller and based on a text from 2000 BCE), follows a powerful ruler named Gilgamesh as he attempts to heal from the death of his friend while avoiding a similar fate. Upon first glance, it is obvious that if science and literature were on a linear spectrum (which they are not), this text would fall significantly towards literature. It’s written in beautiful poetic prose and is laden with symbolism and metaphors. Yet this centuries old story also has a lot to teach readers about medicine and many ways of healing, and specifically handling the grief that comes with the prospect of dying. A classic trope hero, Gilgamesh is described as:

- Surpassing all kings, powerful and tall
- beyond all others, violent, splendid
- a wild bull of a man, unvanquished leader,
- hero in the front lines, beloved by his soldiers (Miller 71).

As such a magnificent character, we empathize heavily with the rapid humanization and imminent decline of Gilgamesh. We fear that if such tragedies can occur to a man that is described as “two-thirds divine” (Miller 71), then who are we to be exempt from the horrors of mortality? Famous
philosopher, and man of many trades, Aristotle, talks about the reasoning that makes tragedies so effective in his essay *Poetics*, saying “But again, Tragedy is an imitation not only of a complete action, but of events inspiring fear or pity. Such an effect is best produced when the events come on us by surprise; and the effect is heightened when, at the same time, they follow as cause and effect”. In *Gilgamesh*, the reasoning for this heightened effect is two-fold and therefore twice as powerful. While readers are grappling with the fear that comes from the recognition that even our impressive heroes are mortal, we also witness Gilgamesh paralleling our emotions as he comes to term with the untimely death of his friend and what that means in the big picture of the inevitability of his own death. Gilgamesh sees his best friend, who was created as his peer, succumbing to death, initiating many reactions about the facts of life. He is originally deeply sad that Enkidu’s life is over, “…my beloved brother is dead, I will mourn as long as I breathe, I will sob for him like a woman who has lost her only child” (Miller 152-153), yet this quickly turns to fear and paranoia that he will be the next to go, driving his search for immortality:

Must I die too? Must I be as lifeless
as Enkidu? How can I bear this sorrow
that gnaws at my belly, this fear of death
that relentlessly drives me onward? (Miller 159).

The way that Gilgamesh phrases his thoughts and worries as a question directly targets the readers, forcing them to get invested and contemplate the same dilemma of mortality. The phrasing of “sorrow that gnaws at my belly” personifies the feeling, giving it a life of its own and showing the way grief can consume those grieving, a sensation that unfortunately many are familiar with. Many of us are currently dealing with such grief or sorrow, whether it be from loss of life of a loved one or loss of routine and normalcy due to the precautions put in place to curb the spread of the virus. As disorienting as it can be to be unwillingly plunged into such a state of uncertainty, such a piece of literature can give readers the comfort that they too will be able to overcome the fear that currently consumes them, and that we will all emerge on the other side stronger than when we started this journey.

Although not explicitly outlined in the text, readers can see Gilgamesh go through the classic 5 stages of grief: Denial/Isolation, Anger, Depression, Bargaining, and Acceptance. He begins with denial that Enkidu has truly died saying, “O Enkidu, what is this sleep that has seized you, / that has darkened your face and stopped your breath? (Miller 153). Gilgamesh is refusing to accept that Enkidu is gone forever and is referring to his current state as a sleep, implying that he hopes that Enkidu will wake up. Finally, at the end of the narrative, Gilgamesh loses the plant he believed would let him be immortal and realizes “All my hardships / have been for nothing” (Miller 197), finally accepting that nothing can render one immortal and mortality is just a fact of life. This sequence is powerful for a few reasons. Firstly, although nothing can prepare you for the pain of losing a loved one or someone as close as Enkidu was to Gilgamesh, reading about the way that other characters cope with such world-shattering information can teach you about the process to come and hopefully soften the blow. Secondly, if it is something that one has already experienced, it can be cathartic to see others go through a similar revelation about the mortality that shapes our world. It could make one feel better about their own process of healing, no matter how messy it may have been. Finally, it can be used to talk about our current parallel and forced discovery of our own mortality, and what we can accept as we embark on our (slightly less extreme) similar journey of acceptance. Through the epic journey of Gilgamesh, readers are able to absorb some of the knowledge he has learned along his quest for immortality. There is much to learn about the power and love associated with friendship, finding one’s equal, and dealing with grief and mortality in this piece of literature that is written in the form of an epic, which was a very approachable and familiar format and allowed for easier understanding of the message. For example, in Book IX, the original writer of *Gilgamesh* uses cleverly placed repetition and wording to solidify a point for the audience:

As the sun was rising, Gilgamesh entered.
He began to run. For one hour he ran,
deep was the darkness, with no light at all
before him and behind him and to either side.
For a second and a third hour Gilgamesh ran,
deep was the darkness, with no light at all
before him and behind him and to either side.
…At the twelfth hour he emerged from the tunnel
into the light. The sun was hurtling
towards the entrance. He had barely escaped (163-164).

The use of repeating the beginning of the phrase for each hour he spent inside the tunnel, as well
as emphasizing the complete darkness, is a literary device used to keep the audience (especially those
who may be listening to the story being told orally) engaged and able to easier understand some of the
meaning behind it. This passage comes at a crucial point in the story where Gilgamesh is searching for
immortality so therefore the imagery of going towards the light can be heavily tied to the symbolism of
rebirth or the process of his old ideologies and fears of mortality, as he becomes a new person. Similarly,
many of us will likely emerge from social isolation and this pandemic with a new outlook on life and how
to make it worth it, as well as hopefully a discovery of the things that really matter to us and how to
ensure that they continue to be a priority as we move towards our new normal.

The idea of death and mortality has also unsurprisingly been covered by philosophers throughout
time, each inflicting their beliefs into their messages. Seneca’s “Asthma” is notable to me during this
current crisis for a few reasons. Firstly, Seneca complains about the severity of his difficulty breathing
which sounds all too familiar with the common symptoms of today, saying “with anything else you’re
merely ill, while with this you’re constantly at your last gasp…this is why doctors have nicknamed it
‘rehearsing death’, since sooner or later the breath does just what it has been trying to do all those
times”(8). Such symptoms and their relationship with death sound eerily similar to what we are seeing
today with COVID-19, where shortness of breath is the most tell-tale and noticeable symptom, and with
serious cases needing ventilators to breath for them, as they are unable to get enough oxygen by
themselves. As Dr. Dreger explains to readers of the New York Times, “Covid-19 can cause an incredibly
lethal form of [acute respiratory distress syndrome], in which oxygen levels plunge and breathing
becomes impossible without a ventilator”. The line between life and death often gets drawn clearly at a
person’s last breath, making the ability to breathe an important component of our contextualization of
living. This virus takes that ability away from patients, and their lungs require assistance delivering
enough oxygen to the bloodstream. This can bring up interesting moral dilemmas such as wondering if
losing the ability to breathe on your own constitutes as therefore losing your life, even if it may be
temporary, as well as how to prioritize who gets these machines when they are in short supply. After all,
machines such as ventilators are simply prolonging your function in the hopes that the body will be able
to fight off the disease, “It’s called life support for a reason; it buys us time” (Dr. Dreger). It is interesting
to see that the fight to extend human’s ability to breathe has been an ongoing one for much time, and
although many technological advancements have been made, the goal remains the same: breathing is life,
so we must preserve our breath.

There is also comfort in the way in which Seneca’s words don’t contain any of the pompousness
that is occasionally associated with philosophers, rather his phrasing resembles how one would talk to a
friend, making it easier to empathize with him and his struggle. However dark these similarities might
seem, and how deeply we readers empathize with his plight, the remainder of Seneca’s letter may provide
a certain insight on why there are ways that we can refrain from being despondent. In fact, he specifically
transitions to a more uplifting message, “Even as I fought for breath, I never ceased to find comfort in
cheerful and courageous reflections” (Seneca 9) showing the incredible resilience of hope. He then
proceeds to offer a rather stoic case for why we shouldn’t be afraid of our own last breaths by explaining
his reasoning for his lack of fear:
It will be the same after me as it was before me. If there is any torment in the later state, there must also have been torment in the period before we say the light of day; yet we never felt conscious of any distress...we are wrong...in holding that death follows after, when in fact it precedes as well as succeeds. Death is all that was before us. What does it matter, after all, whether you cease to be or never begin, when the result of either is that you do not exist? (Seneca 9).

I suppose I can understand how this stance could be considered depressing, or even flagrantly going against certain religions and ideas such as heaven and incarnation, but I personally found this passage very comforting. It’s an incredible take on consciousness and death, which Seneca manages to deliver to readers by using a carefully structured argument where accepting one statements leads to accepting the next. This almost scientific sounding argument is easy for readers to follow, and the solace it offers is based on the series of facts he presents, rather than a higher power. Personally, I was sold on his logical hypothesis that as I recall no conscious before existing, I cannot expect to have it afterwards. Perhaps, this particular passage can help alleviate fears of those whose qualms about mortality center around the uncertainty of what happens after, until we find out for ourselves. However, in the end, if this specific take on what happens when we cease to breath doesn’t appeal to you or your values, the beauty of literature is that there are sure to be many pieces out there that align with your beliefs and may be able to give you some piece of mind on the topic before confronting other issues associated with dying.

For many, including myself, it’s slightly easier to accept the death of those who have lived long and fulfilled lives rather than those who still have so much potential and hypothetical time in their future. This warranted uncomfortableness is one reason that most younger people prefer not even contemplate the topic, which is one of the things that makes this next book such a unique and interesting read. A rather contemporary piece, The Two Kinds of Decay by Sarah Manguso, is written from the perspective of a young woman who has to rapidly come to terms with the facts of mortality after being diagnosed with an aggressive chronic illness at 21 while still in college. She offers a rather uniquely written perspective of what it means to have to contemplate your own death at such a young age and unexpected time in one’s life, offering up some invaluable lessons along the way. One thing that makes her story so compelling, in addition to the prose in which its written, is the fact that she is the same age as me. In general, I’ve found that the more things readers have in common with the protagonist or narrator, the more they can imagine themselves in their shoes and empathize with their scenario. Similar to Gilgamesh, reading what Manguso is going through at the same age, evokes feelings of apprehensiveness surrounding the fact that we the reader could just as easily be in the same situation as her, which allows us to process our feelings through her. Her insight on a positive takeaway from mortality is poignant:

“My existence shrank from an arrow of light pointing into the future forever to a speck of light that was the present moment. I got better at living in that point of light, making the world into that point...I loved it very much...And then one day, my life was a ray again, and the point was gone...Sometimes I can feel myself getting close to find the thing in spacetime that I lost by getting well”(165-166).

Although some might find it shocking that one can “lose” things when recovering from a disease, Manguso’s prose and metaphor of a point of light rather than a ray makes a strong case for the pleasure of being able to enjoy the moment without having to worry too much about what the future may hold. Seeing positive conclusions drawn from not-so-position scenario illuminates an otherwise dark situation, showing readers that no matter how bleak the world may currently look, and no matter how scared we may be, we will always have the luxury of trying to slow down and enjoy the current moment of life we are in. In the end, there is just so much to learn from every situation, no matter how bleak it seems, if we are just open to absorbing the knowledge. As Manguso put it in her last chapter: “This is suffering’s lesson; pay attention. The important part might come in a form you do not recognize” (183). As we all suffer in social isolation with the newfound understanding of our mortality and the fragileness of our
world, we can only hope to pay attention to what is going on around us; both in an effort to prevent the same mistakes in the future, as well as to see the optimism in the current condition, or as Manguso so eloquently put it, to “see the future as brightness” (183).

The topic of mortality is also extensively covered in the aptly named “Being Mortal” written by Atul Gawande. His writing explains what humans are really looking for during those last moments and shows the importance of having conversations with the ones we love about end of life goals, no matter how uncomfortable it may seem. This especially rings true and hits close to home due to the pandemic and the brutal way some patients end up relying on machines. The ventilators that take over lung function are aggressive machines, and in order to be placed on them, patients are sedated and placed into medically induced comas. Rather dishearteningly, current research coming from London hospitals shows that in the best-case scenario, about 33% of patients on ventilators manage to leave the hospital alive. Out of those who do, many will have permanent lung damage (Hamilton). Now more than ever, one can hope that people are realizing the abruptness of life and how everything can change in a split second, as well as having conversations about what they would want done on their behalf in the case of a tragic occurrence.

The truth is, once people consider their wishes, they will almost always have preferences. For example, my grandpa was very clear in his refusal to die in a hospital, as well as before losing his ability to walk and his dignity. Dying in the ICU, surrounded by sterile gowns and hooked up to machines is not the ideal way to go for most people. Gawande describes one such case in grim terms, not shying away from the dark reality:

Another woman, in her eighties, with end-stage respiratory and kidney failure had been in the unit for two weeks. Her husband had died after a long illness, with a feeding tube and a tracheostomy, and she had mentioned that she didn’t want to die that way. But her children couldn’t let her go and asked to proceed with the placement of various devices: a permanent tracheostomy, a feeding tube and a dialysis catheter. So now she just lay there tethered to her pumps, drifting in and out of consciousness (154).

This harrowing picture Gawande paints of the harshness of the ICU serves as a warning to readers that may not be aware of what “fighting” a disease really entails. It’s also disheartening to read that her wishes to not die in a similar manner to her late husband were not honored, but at the same time it is hard to fault her children for wanting to extend the life of their parent and doing their best to give her a fighting chance. This mentality may come from a feeling that hospice is “giving up” and that it means that patients just let their disease take over. But Gawande makes the argument that this is not the case in the slightest, and that more patients would benefit from it rather than suffering needlessly in the ICU.

Hospice, far from being the depressing situation many people may consider it, has actually proven beneficial in more ways than one: “For some conditions, hospice care seemed to extend survival. Those with pancreatic cancer gained an average of three weeks, those with lung cancer gained six weeks, and those with congestive heart failure gained three months. The lesson seems almost Zen: you live longer only when you stop trying to live longer” (Gawande 178). Gawande is right, the story the data paints is almost Zen, furthering the idea of the common idiom of “things come when you least expect them”. However, it seems more probable that the sheer comfort of being in your home and having your pain managed, in conjunction with being able to be surrounded with the people you actually value spending time with that makes the last days enjoyable and makes it more likely to extend your days. I do not mean to minimize the opinions of those who would rather “fight” their disease until the end, pulling out all the stops; there is no right way to live your life and there is no right way to end it. However, it’s important to know what your loved ones want, in order to be able to make decisions for them if they are unable to at the moment. Without prior conversation on the topic, it can be difficult and nerve-wracking decided whether one is making the right choice for their family, and out-right conversations on the topic can alleviate this stress. One upside to such a undeniably tragic global health issue is that it may force people to be introspective and share what they would want as end of life care with the people they love the most.
Naturally, one’s wishes may change over time, but hopefully discussions now will facilitate ones in the future as well.

Gawande also talks about this phenomenon of changing priorities and outlooks in life and the way in which they drastically change depending on their perception of their health, “When horizons are measured in decades... you most desire...achievement, creativity, and other attributes of “self-actualization”. But as your horizons contract- when you see the future ahead of you as finite and uncertain- your future shirts to... everyday pleasure and the people closest to you (97). While this seems understandable, it is still so important to be able have research that agrees with our hypotheses. In this pandemic, we have the unique chance to have our horizons temporarily contracted, and to be able to re-evaluate what we care about the most, without needing to be actually sick. The disease around us and the necessary yet constraining restrictions placed on people in order to slow the spread are hopefully enough to make everyone think a little harder and be a little more grateful for the little things. For me, silver lining comes from the fact that I am getting to spend more time with my family than I thought would be possible at this time in my life, and I cherish every memory.

Especially during times such as these where we feel as those we are cut off from the world and having to face scary new realities such as mortality all our own, literature can offer us hope. This hope comes not only in the form of knowledge, facts and their interpretations, such as in Being Mortal, but also in the way that narratives make us feel as though we are united, and have similar experiences no matter what other barriers may lie between us. The clearest example of this is Gilgamesh, which although written in 2000 BCE, and centered around an opulent ruler, still rings relatable and true on issues such as love and loss, and how to come to terms with one’s own mortality. Although as we social distance to keep each other safe we can’t be physically close, we can become closer to each other by leaning on ours words to communicate and alleviate our feelings of fear and despair and replace them with optimism and knowledge.

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