Defining the Role of the Death Midwife

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What if you had the option to care for your loved ones at home through the whole of the pan-death process (before, during and after death)?

Most Canadians are not aware that ‘post-death care at home’ is a legal choice.

What if you had the option of having one person who has the experience to support you throughout the whole pan-death journey, rather than receiving specific and separate services from several providers? That person would be the equivalent of a birth midwife — a death midwife.

There is a growing movement in North America towards a more natural, ecological and hands-on approach to the pan-death process — a return to how families cared for their dying/deceased in pre-20th century times, but with modern services. Further Canadian-based information on this movement can be found at CINDEA.

A wide variety of services are evolving to support families if they choose this approach. Providers may refer to themselves as Death Doulas, Soul Midwives, Death Midwives, Thanadoulas, Home Funeral Guides, Funeral Celebrants, etc. They offer services, pre/during/post death, that don't necessarily overlap. For example, most Death Doulas focus primarily on the stage before death, alongside any hospice care available; whereas Home Funeral Guides tend to concentrate on enabling post-death care to happen at home. At present, the term ‘Death Midwife’ is often used in addition to a more specific title — and thus there is some confusion about how the term ought to be used.

Philosophy versus Job Title

There is a philosophy attached to the term "midwifery", which focuses on a wholistic, family-centred, and consciously-chosen approach to birthing — and in pre-20th century practices, to dying as well. This philosophy, in its present form, is a counterbalance to the modern institutionalized medical approach to birth care. The same basic philosophy is beginning now to be re-applied to death care.

The midwife's role in birth is well-known and well-defined; and in recent decades, midwives have become recognized as medical practitioners with specific qualifications. One of the most significant elements of their role — for mothers and their families — is an unbroken continuum of support throughout the whole of the pan-birth process (i.e. during pregnancy, labour and birth, and the postpartum period). Similarly, death midwifery offers an option that bridges the abrupt gap that exists between palliative care and funeral home services.

But what do we mean by a Death Midwife and by death midwifery? Is a Death Midwife a person who is capable of providing support for a Death Journeyer and their family throughout the entire pan-death spectrum? Or is "death midwife" an umbrella term for a range of practitioners, who adhere to what could be loosely referred to as the "philosophy of death midwifery" (a generalized counterbalance to the medicalization and institutionalization of death), but who offer limited services which do not cover the entire pan-death continuum?
Some do consider the term as referring more to a philosophy than a specific role/service — supporting a wholistic, family-directed and conscious-choice approach to dying/death, no matter what specific role the providers may offer. Others adhere to the same philosophy, but understand and have identified the need for a specific and recognizable job title for those who provide full pan-death services.

‘Death Midwife’ as a Specific Pan-Death Role

CINDEA (Canadian Integrative Network for Death Education and Alternatives) chose to use the term ‘death midwife’ to identify a specific role — a job title, as it were — which intentionally spans the whole of the pan-death process (i.e. including what all the above providers might offer), for the following reasons:

1. Continuity of Service — Presently, there is a significant gap between pre-death and post-death services. In most cases, a hospice, hospital or residential-care facility offers pre-death services, which end at the time of death (although many hospices do offer grief counselling). Soon after death, the body is moved to the funeral home, which offers an entirely separate service. Therefore, there is no continuity between pre-death and post-death services — nor between the people who offer them.

Furthermore, a third disconnected role may be added, if the person who develops and leads the funeral or memorial services is not one’s own clergy (nor a well-known friend with experience in leading such ceremonies). Nowadays only a small percentage of the population are committed members of a specific parish, so the clergy leading the ceremony may also have little knowledge of the family and what is specifically meaningful to them. Some might avoid the ceremony that would be most meaningful to them for fear of having religious elements added that are not in keeping with the Death Journeyer’s life choices.

Not all funeral directors are trained to lead funeral services and/or in how to make them personally meaningful to the family; and even if they are, they are likely to have little knowledge of the family’s background. Thus, there may be a second gap in continuity, with a possible loss of significance in the ceremonies.

Even if the death was expected, family members can feel a sense of shock along with the sadness of the loss. During this time they may need to make arrangements with service providers who do not know what they have been going through, both as a family and as individuals — the special concerns and needs of the family members, the specific wishes of the Death Journeyer (and perhaps some confusion or discord amongst family members about it), etc. The family may, indeed, feel a sudden sense of abandonment as soon as the body leaves the home or hospice.

Thus, there is a distinct advantage to the family if they have chosen a person who offers support across the entire pan-death spectrum — which includes pre- and post-death care, and the weaving of personalized meaning into appropriate ceremonies. Such a person is what CINDEA has defined as a “death midwife” (see http://cindea.ca/web.html for a detailed ‘web of facets’ illustrating this role). Having supported the family to address their concerns and wishes through the pre-death stage, their Death Midwife would have a better sense of what is actually needed by the family after the death. The DM will have already explored what is personally meaningful to the family before the death, and begun developing the ceremonies chosen. Some decisions may need to be changed later — but the DM has experience in both helping to revise the plans while maintaining their significance, and identifying the practical means to do so, immediately after the death.
2. Parallel between Birth and Death Midwife — At present, our culture is only familiar with Birth Midwives — a role that they have struggled for decades to legitimize again, and which adheres to the above general philosophy. CINDEA believes that any use of the term ‘midwife’ for the death side of life-passages requires that it clearly honour the full role of a Birth Midwife. This would include following the same general philosophy, and paralleling the Birth Midwife’s options of wholistic, family-directed, hands-on and at-home care services throughout the whole continuum of the pan-death process.

CINDEA acknowledges that medical training is a very significant facet of the Birth Midwife’s skills — a skill that is not required by a Death Midwife. On the other hand, a Birth Midwife does not need to be skilled in developing meaningful ceremony, which is a necessary part of a Death Midwife’s role if the DM’s service is to be truly pan-death. Although these two services are not specifically parallel in type, they do produce a parallel-ness in range of skills. Otherwise, we understand both birth and death midwifery as being parallel roles in the birth and death life passages — see http://cindea.ca/midwifery.html#parallels for a table of parallel responsibilities and skills.

3. Clarity of service offered — At the present time, there is no common term for someone who offers the full range of pan-death services. Other titles (such as Death Doula, etc., mentioned above) may indeed offer such a complete range (see http://cindea.ca/web.html for the ‘web of facets’ of a Death Midwife’s role), but this may not be immediately clear to the family searching for such support. Using ‘death midwife’ as an umbrella term only identifies the philosophy — not the range of services. Given that such services are only now beginning to be offered, and that our culture is unfamiliar with them, how are families to know what to ask for in terms of pan-death care, without having to do extensive internet searching and/or interviews beforehand? How does a family easily identify that they will get the full services from one person, rather than a number of providers?

When given a simple description of ‘death midwife’, many people recognize what it means. They may respond with, "Oh, you mean ‘at the other end of life from birth’?" or sometimes, "Oh, I think my great-grandmother was one of those." In fact, the concept of a ‘death midwife’ (whether called that or not) has only been lost for a couple of generations; and it is still fairly easily recognizable as the role at the other end of life from birth. Given the comprehensive parallel of services and support between a Birth and Death Midwife, and the recognizable similarity, it seems most appropriate to use the term ‘death midwife’ for someone who is offering full pan-death services.

Given the current lack of clarity of what is expected and/or offered, there is definitely a need for a well-defined and easily recognizable term that clearly refers to a single pan-death provider. This would help assure Death Journeymers and their families that that job title is identifying someone who will provide both the full range of services and the continuity that that offers.

Synopsis

There is a definite need for some umbrella term that identifies the particular practice and philosophy of a wholistic, family-directed and consciously chosen approach to dying/death — where death is understood as both an inherent, and a personally significant, component of the cycles of nature. One possible umbrella term is ‘wholistic death-care’.

There is also a need for a term that identifies a person who offers a continuum of services covering the entire pan-death spectrum. Although CINDEA is aware that there is no common agreement yet on the meaning of the term, we have chosen to use ‘death midwife’ for this role. Laypeople not connected with the field of wholistic death-care do recognize, at least approximately, what a Death
Midwife might do (because they already know what a Birth Midwife does). Furthermore, CINDEA believes that it is appropriate and respectful to use the word ‘midwife’ only when the role of a Death Midwife honours and parallels the full spectrum of services offered by a Birth Midwife.

Thus, it seems to us that we need two distinct terms that cannot be confused with one another. We have proposed Death Midwife for a person who provides the greatest possible range of services around death, plus the umbrella term ‘wholistic death care’ for the general philosophy. We have considered these choices at some length, with our primary criteria being clarity for the public and respect for Birth Midwives. We hope our suggestions for these two terms will provide the basis of a meaningful debate.

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