In Conversation between artist Dan Lie and end-of-life doula Aly Dickinson, as part of the event series *Honest grieving for a better life,* which took place at Spike Island in May 2025.

Dickinson spoke on her experience working as an end-of-life doula, supporting people and those close to them, with terminal illnesses from the point of diagnosis through to the end of their life.

Dan Lie:
We're very happy to propose this programme and have people who have different practices around death and grieving. Aly and I have been talking and meeting to prepare for this encounter and every time we are just talking and talking about something!

I'm so interested to talk with Aly, because this is a person who's also been doing this as a practice and, bringing it a bit closer and warmer to practices around death and grieving. There is something that I've been talking around this experience specifically in our Western societies, for example how much there is taboo around death and dying, but also bringing the perspective when this is a non-negotiable condition and something that's going to happen to everybody and we're going to deal with it, just like we need to eat at least 2 or 3 times a day and that's completely integrated with our everyday life. But, also dying and grieving is also very much part of it and how, in some way, somehow, there is a profound taboo around it.

Since the pandemic of Covid this, for me, specifically has been even more intensified of how this taboo of something that is so present, it's even harder and harder. Then talking with somebody who has such profound experiences, such as Aly, for me is such a beautiful way of learning and listening.

So, we could be here for hours and hours, but we're going to try to make it 45 minutes, then we will open up for questions and answers.

As I said before, we're going to start a little bit more pragmatically. Aly, could you tell us a bit about what is an end of life doula or death doula?

Aly Dickinson:
I have a PowerPoint presentation, but I'm not going to do it. This is much more comfortable talking about it in this way.

We're called all sorts of things like life doula, death doula, soul midwives and life companions. The main thing is we don't have a job description, which is absolutely wonderful. We're not medical, but we will support people who have a terminal diagnosis and the people close to them as well. We will do very practical things like housework, walking the dog, doing domestic admin, anything that's needed. We will do emotional

support as well for the individual to support them with any fears or concerns that they've got. We'll help them plan for how they want their dying to be, to reflect their living, and we will provide spiritual support if that's wanted as well.

So, I can say really there's no set piece. We are just there to do anything. I can honestly say that I've never been asked to do something that I thought I had to say no to. There have been some bizarre requests, but anything that that person needs. We'll be there from when the person is being diagnosed right through to when they die and then after death as well. Sometimes I can be with somebody for two years, sometimes I might only be there in the final days or hours.

Dan Lie:
How do people find you? I also understand that there's an organisation around that. Could you tell me a little bit about it?

Aly Dickinson:
I found an organisation called *End-of-Life Doula UK* and that's quite a great resource as well — they've got a website. People may approach *End-of-Life Doula UK* because they've heard of the role of end-of-life doula and say that they want to find somebody in that area to support them.

I work a lot in my own community in Exeter and East Devon. By having been around for ten years doing death cafes and all sorts of things, people become aware that there is such a thing, so a lot of word of mouth. Ten years ago, it was a little unknown, but I think it's becoming increasingly more known now.

Dan Lie:
Perhaps now, one of my questions is how did you became a death doula?

Aly Dickinson:
Before I was an end-of-life doula, I was an HR director. I worked for some big city law firms, and in a very, very corporate environment. I didn't know it, but I was absolutely soul-sick. I was sick, sick, sick and I was beginning to think, "Where do I go from here?" I saw an article in *The Guardian* about somebody who was a death doula and I read it and it literally was, "Well, that's what I want to do!" Because, I had quite a lot of dying in my family. My two brothers died relatively young and they had long dyings, and I was with them. And my mother and father, I supported them through their death and dying.

I also think as well as being soul sick I was being shaped to do this work and I knew that just from the experience of being with my parents, my brothers, that we could do death and dying better.

Dan Lie:
That's one of the things that when we were having conversations, this phrase stuck with me, "We can do this better." Then when this came to you, which I think is a big philosophical

statement and maybe like a force that moves around the practices and even the perspective of living a life… you needed to take training, right?

Aly Dickinson:
Yeah, I think that was really important, because people need to feel confident about you because you're there at a very important time in their life. Just some of the very, mundane things like, I'm DBS checked, insured, mentored. I've been properly trained. I think that just makes people feel confident that I'm just not somebody out there saying, "You know, I can support you through death and dying."

Dan Lie:
Then once you start to work with the person are there any, first basic steps? How does that go then?

Aly Dickinson:
The absolute ideal scenario for me is if I can get to be with that person relatively early on, so that I can spend so much time with them understanding the life they've lived – what's important to them, what they like, what they hate, where they want to be cared for, how they want to be cared for, just the things that are really, really important to them and spend hours and hours just trying to get that information from the individual. I think a person likes that as well, because very rarely do you get absolute focus on you — "Tell me about yourself." They can say anything they want. Ideally that's how I would love the relationship to start. Just a deep understanding of that person.

Dan Lie:
And that's why we're talking about some ideas around how to die and the way to die, but also there is a practicality sense as well. Like the costs, the bureaucracy, the relationships, is that also you dealing with that?

Aly Dickinson:
Things like, when talking about how they want their living to be until that very, very last breath, around that can be some documentation of which I can do. They do a download to me and I'll write it up, so things like, have they got a will? Have they got an advanced decision to refuse treatment? Other medical interventions? They may not want to end-of-life. Do they not want their life prolonged at the expense of cost? I can do all that legal type stuff, as well, but it doesn't need to be torturous. It doesn't need to be boring, because when you're getting that information, you're talking about that person, what they want and what's important to them.

Dan Lie:
This is something that, while we were talking, was also understanding so much of your practice. A death doula is a tailored situation of 1 to 1, right? (AD: Yes) I'm also thinking that we were talking about a case of a person that you were working with for three years. That

was a very important experience that I would like to share Aly's impact and role on. Could you talk a little bit about that?

Aly Dickinson:
Yeah. Theresa is her real name. She died a little while ago. She made some videos and she said that she would really want people to know about what doula support meant for her. So, I'm not bound by any confidentiality at all. But to say, I first met Theresa at a Death Café and she was perfectly fit, perfectly healthy. Then she came to Death Café. She was a big supporter of talking about death and dying in our communities. And then after six months, she had a terminal diagnosis. She had breast cancer. And at that time, I supported her to do her plan for end-of-life. So, the things I've described, what she wants, what she doesn't want, where she wants to die, get her LPA, have an attorney in place, so we got all her affairs in order.

She was very, very optimistic. She had wise hope. She thought that perhaps some treatment may result in her getting better. I was alongside her all along that time talking to her about her hopes and fears and not squashing her hopes in any way at all.

But, her illness progressed and she became poorlier and poorlier. She got a urinary tract infection, sorry, she wanted to die at home. That was a really important thing. She wanted to die at home with her husband and her two sons nearby. She got a urinary tract infection, and she was taken into hospital as an emergency admission. She got stuck in the hospital system with this absolute wish to die at home and the hospital wouldn't release her. I just used the expression that I helped bring her from hospital to get her back home again and so I could advocate on her behalf and that meant taking quite a tough line with the NHS and with social care as well as you got a home, perhaps something that as an individual, you wouldn't want to do because you don't want to piss anybody off, because they're caring for you, but I could do that. So, we got her home. We got a hospice at home in place. We got a hospital bed in place and I was filling in any gaps.

For Theresa, it was really important that her son was getting married. She wanted to be at her son's wedding. By this time, to get her there, we had to hire a special vehicle that would take a wheelchair and she wanted to dress up for the wedding. I was sort of a doula bridesmaid for a little bit in a way. And I helped her to get ready for the event. I was there just to keep an eye on her, I disappeared behind the scenes because I wasn't family, but I was just watching her all the time to see if she was getting tired or if she needed to be taken away. So, she hit that milestone, which was really important for her to see her son get married.

She also wanted to hit Christmas, as well, and she organised Christmas from her bed. There was lots of online shopping with Sainsbury's for the grocery delivery order. Lots of, I'm sorry to say, Amazon shopping was for the Christmas presents. She did Christmas from her bed. She organised it and she did it, then I think she thought she was ready. She was ready to die. There was a decline and she was in her final days, and she died and she had her husband by

her side, and she had her son by her side, which is exactly what she wanted and she was cared for. Her pain was managed, and it was a peaceful, dignified death.

She also said that she wanted to be cremated and she didn't want a ceremony at the cremation, but three months down the line she wanted a big do at a National Trust property, where everybody wore bright coloured clothes. So, I helped her husband organise that. I was saying this to Dan, but I didn't say this the first time on, her and her husband, and I know Theresa wouldn't mind me saying this, actually didn't get on very well. In fact, they didn't like each other at all. But, there was some sort of healing in those last weeks and months that they came together and he supported her to have the death that she wanted.

He did moan a little bit about having to pay for the big wake. (laughter)

Dan Lie:
I think that this is what we will talk now a little bit about, is structurally about the whole process of death, doula and dying. One thing that I was struck with was this expression, "rest in peace". What does it really mean to "rest in peace" once the person dies? Or, who is this peace for? Is the peace for the person who dies? Or is the peace for the community around that person? For instance, if a person dies in a massive way, which is something that we want to talk about also, leaving the romantic vision of dying. Aly was telling me that there's many ways to die. Some of them are very messy or unpredicted or without script. Aly, maybe you can talk about the subjects around it.

Furthermore, what I'm trying to say is how to work around the thematic that it became a taboo. I'm talking about the taboo of dying, the taboo of grieving. I actually want to listen a bit more from your experience, Aly, how and where have you seen this taboo and why do you continue to see and deal with this taboo of dying, grieving, death?

Aly Dickinson:
I'm probably going to say something slightly different from what I said earlier, but I do find, especially when you try to support people to talk about what their plan for end of life is going to be like, people seem far more comfortable talking about their wills and their funeral, and whether they're going to be cremated, whether they're going to be buried, what music they want at their funeral, what flowers they want. People seem more comfortable starting there than they are talking about the actual bits of dying. When I'm working 1 on 1 people quite often start at the end bit, the really, really end bit and then gradually work back to what dying is actually like and I think that's where the taboo is – that there's fear of dying. There's fear of dying and what it's going to be like, is it going to be painful or, how am I going to be with it? There's that fear. I suppose perhaps also contradicting myself a bit, there is a fear because we don't know what being dead is like. None of us know what it's like. So, there's that fear of the unknown as well.

But I just could talk about death and dying. I don't know, I seem to be able to bring everything back to death and dying in any conversation. I have no normal, everyday life, but

I think the more we talk about it, that's the purpose of death cafes, the more joyous that sort of almost becomes, you know, something that we really, really want to talk about, we like to talk about and just need to be freed up to do it.

Dan Lie:
This is a quite new concept for me. Could you tell us a little bit about what the Death Café is?

Aly Dickinson:
It's a movement started up by a wonderful guy called John Underwood about 15 years ago with his mother in his front room. He was a Buddhist, and he believed that we didn't talk about death and dying. It was taboo, and we need to have space where people could come together and talk about it. So, he set up this concept called Death Café. People come together with tea, coffee and cake, even with a glass of wine, a pint of beer, and there is no agenda whatsoever apart from you talk about death and dying.

They happen now. It's just 'mushroom' this movement, it's fantastic. There are death cafés in Bristol. You are probably aware of it and they're fantastic. You never know what the topic of conversation is going to be. There's a lot of laughter. There's sometimes tears. People may talk about assisted dying. People may talk about what they want for their funeral. People might ask questions. People may be sharing an experience they've had about death and dying, but it really opens up the space just to talk about it. People come straight into the room. There's no sort of, how did you get here? Did you come up the A3033 and isn't it a lovely day today… it's straight into talking about death and dying.

Dan Lie:
We also said that there aren't enough words, to express the feelings around dying and death. And the need to use so many symbolical expressions around it. Also, something to connect here is the ecosystem of Spike Island, that is an ecosystem of arts and artists, the whole image of ourselves dealing with death is also an imaginary exercise, when this will happen, which will happen, but also there is not enough words to express the feelings around dying or how to deal with it in an active way, and the need to use so many symbolical words.

Aly Dickinson:
When we're alive some people find it hard to use the words death and dying so, we use euphemisms, sort of kicking the bucket, pushing up daisies. Or funeral directors they like to say passing. Obviously if somebody has been bereaved, you're not going to correct their language. If they say my husband has passed, you mirror that. But just try where we can to use the words death and dying. So that's what we do. But what I find fascinating is that when people are dying, they will speak symbolically and metaphorically.

I'm just going to think of my ex-husband. Even though we had an acrimonious divorce, but like Theresa, we came together and I supported him when he was dying, and he was always

talking about (he was a major in the Army and we were diametrically opposed in every which way) losing his troops in Dartmoor, and he couldn't find his troops and he had to get his troops and his biggest fear was he thought Tony Blair had come to look after his troops. So, lots of metaphorical language and there are times when people talk about having to catch train or I've got to pack, I've got to get ready. And I think it's because whatever is happening is so complex that we don't have the language for it.

That's why people talk metaphorically and symbolically.

I just need to tell you, Dan, for one woman, she was in her final hours, he sat up in bed and she hadn't spoken for ages. She just sat and then she went, “One, two, three, four, go, go, go.” I thought, what's going on there?

Dan Lie:
And now I just remember my grandmother, she lived to 99. When she was already in her 90s, one day my father said, “Your grandma is going to go pretty soon.”

She stayed for eight more years. But I would sit down with her and have conversations and then ask about her life, but she would be so very afraid of dying. She was also in this state that she wasn't fully conscious, but she was there. It was a beautiful state and quite mysterious to see where she was, because she was in a chair the whole day. Sometimes she would come talk to me about her childhood memories, then some days she was like, “I'm going to die.” I would feel the fear.

When she died, the whole energy of the street went dark. For me, the image of this woman so attached and so afraid of dying, it felt like the image of you removing the old tree and when you remove it, the soil goes down because the roots are so deep. I'm still a bit revolted with my grandmother's death because she needed like eight people to take care of her. That was during the beginning of the pandemic and that's how my father got Covid and how he died. There’re also feelings of revolt around the way she died. Sometimes I was thinking, why didn't you die earlier? Why didn't you go before the pandemic? Why did you stick around for such a long time? Why were you so scared of dying? Which, of course, for me is very immature. Sometimes I think I'm immature to ask these questions. Who am I to ask this about my grandmother, who's already dead?

I'm also thinking a lot about you being the person, and the people who also work in your profession, who are there for the company and helps to give courage to deal with this fear.

Aly Dickinson:
Fear of the person dying? For them to be able to express that fear if they can, that's what they really feel. But for me it's trying to keep the ambiance around that individual as calm as possible. The lighting, no noise, perhaps reading to that person. You think of their comfort. It could be childhood books, even though they're older.

Again, ideally, if I had been with the person early enough, we could have gone through that fear of dying. They could have articulated that. Are they frightened of being in pain? You can talk about that. I will make sure that your pain is managed. I will make sure on your behalf to get people in here to manage your pain.

Are they frightened because they don't know what is going to happen when they're dead? They are frightened of what being dead means. We can have conversations around that and what do different cultures believe? What beliefs may be around afterlife. If there is not, is that the end? I think it's expressing those fears and just and discussing them is really, really important rather than burying them down. And they just sort of submerged eating away.

Dan Lie:
Also, something that I was interested in with as we were talking earlier today, how a lot of your work is very much tailored, catered, for just that person and you spend a lot of time with that person to do proper work. I'm now wondering, do you need to spend a lot of time with them to be able to find this fear once it can be a very abstract fear?

Aly Dickinson:
It can be. I mean some people, just don't want to talk about the fact they're dying at all and yet you sort of know instinctively that they're never going to open up and have that conversation again. I'm talking about my ex-husband. He wouldn't really say that he was dying. It was very euphemistic, like he was taking some tablets then one day he said, “I don't think I'll take these anymore.” For me that was good as saying, “I know, we're close to the end.”

I was just going to say, Dan, by having conversations when there is fear around, it's really looking to explore that person and what meaning that life has had. It doesn't have to be some quite wonderful meaning, that you created world peace or whatever. It can be about the children they may have and that seems to help with their accepting that death is inevitable and that life has had meaning, if that makes sense.

Dan Lie:
Okay, let me go back to my notes. I wanted to ask you the title of this programme, *Honest Grieving for a Better Life*. Do you think that there is such a thing as honest grieving? I'm saying that this grieving for a better life might imply that there is a dishonest meaning as well.

Aly Dickinson:
You've really got me thinking about this! From when I first met you you've really made me think about it and I haven't quite formulated my thoughts, but we are in danger of medicalising grief, almost, and pathologising it, as if it's something blooming abnormal. Like I said, I was an HR director previously, and I'm really ashamed to say that if there was an employee, who had quite a lot of time off work because they'd been bereaved I'd say go to the Employee Assistance programme, do your six counselling sessions, like, tick box. Then

we can start to performance manage you out of the organisation and I'm ashamed of that. But that's what I was to do. So, I think we've medicalised grief.

The word grief means burden. Yeah, that's the derivative of it. You've got grief therapists, you've got grief counselling, you've got things like grief models and grief processes and people saying, gee, where are you in the grief process? As if somehow there's an end to it, there's an end date, and then all will be better or that you get through it.

Grief recovery, that is, although we've got to get over grief, grief is painful and grief hurts, but I think it's so important we grieve we are all going to grieve. We all are going to die. We all can grieve at some points in our life and it's a human experience. I really love the idea of in our communities, we are equipped to be more compassionate with people that are grieving and that we provide one on one support. I love the support groups I do because that's one grieving person talking to another grieving person who understands, who can share their experiences and share what they've done.

In Victorian times, you used to wear a black armband if you were a widow, or you'd wear black for a bit, and then you could go into lilac or whatever. We don't know what's happened to anybody in this room. All of us are grieving to a lesser or greater extent, for more recent loss or for the loss that's happened in the past.

I would love if we could have some sort of sign on us if we're feeling delicate. This will show my age, you know the Traveling Wilburys they have a song, *Handle Me with Care*, and it's something like, “Handle me with care because I'm grieving.” We have the language and the patience to be with people who are grieving.

I know I'm bloody boring when I'm grieving. With my mother I would tell the same stories over and over and over again to the same person, but I needed somebody to listen to me. As citizens, we need that. That's honest grief as opposed to dishonest grief where somebody else is going to sort the grief out who's an expert.

Dishonest grief is sort of where you say, right, eventually you will not feel the grief you're feeling now. Eventually you will get through it. You will come out the other end, it will change. You know, you are still grieving. That's dishonest. I think that's dishonest. As if grief is something to be got through and then everything's okay. That's dishonest. I think it's dishonest as well that culturally I'm grieving, I'm deeply, deeply grieving, then I’m put in a room with a complete stranger who is a therapist to talk about my grief. That feels so dishonest, so dishonest to me.

Dan Lie:
Making the parallel when my dad died and when my dad died he was 64, I was 32. I fully believed that I would see him as an elder when he's in his 80s,90s, but that narrative was informed by society and I agree upon that, and that felt dishonest.

But when I was grieving, I was like, who am I going to talk to? Who else has had the experience that I'm having right now? Dealing with the death of a parent at quite a young age? And this was the moment that some friends approached and people in the community and they told me things that hold me and those are the people that were actually wanting to listen.

How did you do this? Now what's the image of an elder that I'm going to have now that I'm not going to have this parent anymore? Since this parent didn't achieve the elder image that I was expecting, or even the expectation of a better life, while at the same time that I was grieving my father a friend of a friend was pregnant with twins. One of the twins died inside of the belly and then the other continued to live, and she gave birth. I was following from social media and they did a burial of one of the babies, and the other baby continued to being cared for. Then I thought, who am I to think that this baby didn't live a full life?

What does it mean, this whole narrative that we have of childhood? We talked about three school years and then the development of phases of life etc. but overall, when I thought about honest grieving, lot came from the experience of Covid that we experienced through globally as humans, a traumatic event around disease, sickness and death and once we were able to not be so tied to the Covid symbols, the mask, social distance, lockdown, there is a sense in this capitalist society that we live that we should forget about the pandemic that we don't see very often in mainstream representation of media, the period that we just live of this collective trauma.

There is something that feels as if it's pushing, but at the same time, grief goes somewhere. How can I forget about my father's death, just move on? It's one of the most significances of my life. What does it mean to move on? I think it's dishonest. Then there's this whole idea of what feels for me, our Western capitalist society does not want to recognise the fact that we die, we grieve. This condition which is present must be taken to a dark corner, or be taboo. I'm always asking why?

Aly Dickinson:
I so agree with that, because in Western culture it's not necessary that we show our emotions. You don't demonstrate your emotions in the workplace. You don't. If you're demonstrate your emotions or you grieving, then some how you're less productive as well, and that's rubbish. That's absolutely dreadful and awful. I also want to say about dishonest grieving, if we are going to grieve we always say something lovely about the person that has died.

I want my eulogy to be dead honest, I really hope I can hear it. I want my shadow side to be out there in the open. I don't want people to say lovely things about me. People may be bloody angry when they grieve. They may have had a ghastly relationship with their parents or whatever and there's no spaces where people can express that and just to do a little bit of a caveat, if there are any grief counsellors or therapists in this group, I'm really

apologising now because I'm not disrespecting the value of the work that they do. But the responsibility is not just with them.

Dan Lie:
I think it goes back to this whole image of a good death, but also when you talk about when death is messy, from your experience, how do you deal with this concept which is a bit romantic that we have, that we want to have a good death. Or in your experience, when have you dealt with a situation that death was a bloody mess?

Aly Dickinson:
Yeah, I think I always try to be alongside the people because the person is dying to explain what so-called normal dying is for what the signs are dying so people know what to expect. There's no shock and what quite often shock people, you may know this already, is breathing patterns change at the end of life and there is change in breathing and a lot of gasping. That can actually freak some people out, but if they're warned and you talk about it as a sign of dying, then that seems to help a lot.

Also, just to say that sometimes dying can be messy. There can be bodily fluids. It's not necessarily all lovely and incense scented rooms. Having practical things like dark towels and getting people ready for if things don't go absolutely smoothly and beautifully, this can happen as well. That is not a failure, because just like birth, birth doesn't go according to plan, death doesn't always go according to plan, as well.

Dan Lie:
I also feel that there's this romantic image of like a beautiful lit room, the person giving the last breath and closing the eyes, but sometimes the situation is like so raw – the light is wrong, there's things running around...

Whilst we were talking, Aly made the parallel between birth and life and death. Like, not being fully prepared for what's going to come up in the journey. It sounds so beautiful. Could you remember this parallel?

Aly Dickinson:
With birth, with death, there is a last exhale, and with birth, there's the first inhale. I always find that fascinating. Really, really beautiful as well. You don't know what world you're coming into as a baby, you don't know what you're going out to when you're going out either. That's the beauty of it.

Dan Lie:
But I feel that this is a bit where the fear also lies, once we think about living, everybody's together in this challenge of how do I do this? Then you eventually find either a caretaker or a parent that would teach you how to walk, how to eat, how to do the taxes. Then, by the way, my mom told me there's two things you can't escape in life, death and taxes. I was like, urghh… (laughter)

I think that's where it goes back to the fear. What's going to be there, you know? Yeah. Which is, of course, a question that I don't think anybody is able to answer.

Aly Dickinson:
And you can talk about it and you can imagine it and you can have those conversations. I believe, but I have no blinking idea, but I believe that it's so wonderful. It's beyond explanation. Nobody could ever explain it. It’s completely beyond our care.

Dan Lie:
Because I see this image of you one on one. Could you also tell me something that's structural? I also think it's important to know how many people do you take from time to time in the process? How many hours per day do you charge? How does it structurally work?

Aly Dickinson:
Okay. Normally I work, that's the luxury of doing these roles, not like being in the NHS where you have a caseload, I'm working with one person at a time. And although I may double up to some extent, it really depends. Say with Theresa, who I described, I might see her once a month, even less to start off with, but as things got, more intense, let's say in the last week, I would be there 24/7.

You can't plan your life. As a doula if you're supporting you step in and you step up and there's nothing else about it. You’re there as much as you’re needed. I'm lucky, but I'm old and I can be available to somebody.

Dan Lie:
I was telling a friend that we were going to have this conversation with a death doula, and then like, oh, there's a death doula. They only thought there were birth doulas. Now I'm making the parallels similar to birth, like a birth doula, who also do a visit once a month, then when it is close to give birth they need to be there all the time.

Aly Dickinson:
They have a due date. We don't have a due date. (laughter)

Of payment. Should I talk a bit about that?

Dan Lie:
Yes, absolutely.

Aly Dickinson:
The word doula, I think it's got Greek origin and it's not very, politically correct origin. I think it means a woman slave, literally. I think it's been tenderised to say that it's a woman of service, but I don't want it to be seen like a birth doula.

Posh people of birth doulas and I don't think posh people should only have death doulas. Everybody should be able to have a doula. That would be the ideal world. How I work, and

quite a lot of us do, is if people have got the income, and people are always really honest about that, then they pay me, and they might pay me plus as well. Sometimes, if somebody hasn't got much money, then we'll see what benefits we can get. And if they've got absolutely nothing that they can pay me with, then I've got a safety net of people that are paid over the odds, so it's on that principle that I work.

Dan Lie:
I have two last questions and then we open up to Q&A.

How does an awareness of death contribute to a better living, beyond the cliché of carpe diem or death will come to us all, from your experience?

Aly Dickinson:
I think impermanence is really important that if you are supporting somebody at end of life, like your family member or friends, you just start thinking about life and the meaning of life. You start to see that, the person who's dying, all the mundaneness of everyday life, the pettiness, drops away on, concentrating absolutely on what's important to them.

I think if you're with somebody that is dying as well, you start to have anticipatory grief, what's called anticipatory grief. So you start to think about them, sort of like what you going to miss? What was really important about them? For me, this sounds so crass, and I really mean it I don't generally like living human race that much, but I like being with people. I really like people at end of life because everything drops away, just the important stuff matters. And those are the relationships that I really enjoy. I think that's available to anybody that's alongside somebody at end of life.

Yeah, I know it's crass, but just realising 'the now' is important, so that if you are supporting someone at the end of life, you're never going to get that time with them again. It's key and you do it well.

Dan Lie:
And you also know that the person has expertise and they can tell them with no bullshit, like, okay, if they have anything to tell this person now.

Aly Dickinson:
Yeah, yeah, yeah.

Dan Lie:
And maybe go into my last question.

You're talking a little bit about how grief has a purpose to appreciate the impermanence, then you said a little bit at the end, the relationship with communities and honest grief. Could you tell a little bit about that?

Aly Dickinson:
If somebody asks how you're doing, because you've been bereaved, we tend to say then,

“Okay.” Or, “It’s alright.” Nobody looks you in the eye and goes, “How are you really doing?” And you know that they’re open for you to sit down with them and tell them, or say, “Piss off. I don't want to talk about it at this moment. It's not the day I want to talk about it.” Knowing that they can come back at any time, you’re there for them. I think that's so, so important, and for us to be able to the grieving person that we do not have to do stiff upper lip, that it's okay to be emotional, it's okay to be angry, that it's okay to say whatever it is you want to say. Honestly, there's no set way of doing any of this, and it goes on for however long it goes on for.

Dan Lie:
Before we open to questions and answers, there is a request that we take a minute of silence, and then we meditate and think a little bit about the people who died and that are no longer with us now. Please take a moment.