Tamara MacIntyre Interview

Karen Wyatt: [00:00:00] Today I'm very happy to welcome my special guest, Tamara MacIntyre. Tamara is a death doula, death educator, and community coffin builder based in Canada. A retired doctor of natural medicine and chiropractor, and former dean of clinical education, she brings decades of clinical experience to work that now happens far from any clinic, in workshops where she offers anyone the chance to build the vessel that will one day hold them, in quiet rooms with the dying, and in conversations that change how people think about what it means to be alive.

She is also the executive director of a Canadian charitable nonprofit where she works to expand care and support for people navigating the end of life. Guided by a humanist philosophy, she holds a simple belief: every person deserves a death that reflects the life they live. And you can learn more about her work at the website consciousdeath.org.

So Tamara, welcome and thanks for [00:01:00] joining me today.

Tamara MacIntyre: Thank you so much for having me, Karen.

Karen Wyatt: ever s- ever since I got introduced to your work, I've been excited for this conversation because it's, rather unique. I haven't really had conversations with someone who, specializes in coffin building.

So I really wanna hear your story, the whole story. how you became a death doula, how you started building coffins, a- anything that you'd like to share with us.

Tamara MacIntyre: Yeah. So I would say in reflection, I, I have lived a life, where I've never h- I haven't had the privilege of not knowing that death is a part of the human experience.

And so when I was 16, my best friend was diagnosed with leukemia. and a little, couple years after that, my dad was diagnosed with a malignant brain tumor. And so I started my young adult life, understanding that it was part of who we are. And so in my professional sort of [00:02:00] education and, what I chose as my first vocation, I really thought, I'm, gonna move into alternative healthcare and I'm going to help people be healthier.

I thought, it's, that's what my original idea was. and I spent my early 20s within the hospital environment understanding, and I, that illness happened. and really at that time thought you're not perfectly healthy one day and then diagnosed with an illness.

And so that was really my first initial curiosity in the human experience, and I really thought, "I'm gonna, I'm gonna really invest in alternative healthcare and, and, work with people in that way." And so I did. And so I owned a private clinic, and then that transitioned into really pursuing a little bit more from an education perspective.

And, being the dean of clinical education meant I was working with young doctors who aspired to help people. And so I could then share what I had learned, and really just [00:03:00] thought that was where I was meant to be. And, a lot of different circumstances happened and, there was the special year of 2020, and that kind of caused a pause for me, a little bit of a shift.

And I, decided really, I think, for more of a personal, for more personal exploration than anything else to explore some doula training. And it was, during that doula training that I saw my first coffin. And I had previously been a sculptor and worked with clay, and from a values based, my values with clay, I loved the actual kinesthetic process and the creating and, but I struggled with the environmental aspects of it, the kiln, the heavy metals and, the...

So there was all of that, and then also just needing another, another place to be able to express yourself artistically. And so the coffin was like a curiosity. I wanted to know. I [00:04:00] had the privilege of being able to make that happen for myself. And so over the course of a couple summers, I went to the UK and spent time with an incredible human who had, really was a master, is a master coffin maker, has worn, has won multiple awards in the UK, and she was gracious enough to have me in her studio and teach me.

And so that's that's been m- my movement. And, then- more recently, there's sort of two parts of how I exist in the world, but both of them are within death care. And so the coffin making really for the most part is much more upstream from a death education perspective.

I'm meeting people where they're engaging with the coffin, but they're not necessarily engaging with their mortality. it's, They're not coming to me when they're making their after-death plans necessarily. they are people who have the curiosity, who have sustainable values, who have never [00:05:00] seen a coffin,

and that automatically opens up another whole level of how their values could be meth- met in their after-death decisions.

and then, to counter that, I really actually am present to death on, a very regular basis. I am engaged with conversations on a very regular basis with individuals who are absolutely, engaged with their own mortality, are aware of the separation between who they are as a human and what's happening with their body, and the decisions that, that they're making for themselves and oftentimes their families.

And so it's that part of my clinical experience in working within vulnerability. they say there's two main, two vulnerabilities we as humans have: financial and health, and we share them. And after so many years of working with people in pain, struggling with their own health, to see and be with them when they're really for the most part are at the [00:06:00] end of intervention, they are exploring what quality of life means to them.

And, in Canada, because of the nature of our, ability to choose, a day and our end of life, that level of conversation about dignity. And really for me in a community-based way, being present and bearing witness, supporting individuals and their family members, Really draws upon my skillset of working with individuals in healthcare.

And certainly there's a huge benefit of understanding health, understanding diagnosis and human physiology because the nature of these decisions that people are making at end of life so oftentimes are a byproduct of whatever is happening to this vessel, that no longer is acceptable to them or that they are trying to work with, in their last days, So I would say that's the sort of the longer trajectory pro- every time somebody asks me, it comes out a little bit differently. [00:07:00] But, how I'm expressing in the world and in my own community is a byproduct of my m- my previous personal life and my professional experience. And I like to think that I draw, upon all that I am as a human to be present with people at end of life.

Karen Wyatt: I, love that how it's your creative artistic side that is drawn toward coffin building. And then your more clinical side, but also your heart-based side that pulls you t- toward being with the dying. But I love that you point out that, sometimes the people willing to come and learn how to make their own coffin are not necessarily people ready to look at their mortality, which is really interesting.

It d- doesn't- seem like that's possible, but I've noticed that too. If we hold a workshop on funeral planning and, or, planning for your estate or what happens after you die, it's a different group of people than the people that we would invite to come [00:08:00] and talk about conscious dying. so those would be the people we would attract for that conversation.

And a- and yet doing this work, hands-on work of building a coffin, that has to at least open the door or plant a seed for people to start thinking about it for the future.

Tamara MacIntyre: Yeah, it's interesting. I think that there ... I've oftentimes said in many different ways, like if you can inspire curiosity, it will overcome fear.

And so that's what the coffins do. It's people become curious. And they're curious at all kinds of different levels. It's like, "Is that what I think it is?" "Okay, this is green then, right? right?" "Yeah." "Where does, where does it come from? Why did you choose to lear- you know, why did you choose to make these?

what was, the calling all about?" And so there- there's different questions. And I think it's a softer entry place.

it's a [00:09:00] much softer place of curiosity that a- then allows you to engage in conversations about what this is not. it allows you to engage in conversations about your values.

and so yeah, I think, we, when we talk about people engaging in mortality or their mortality, it can be an exploration in death, but not necessarily their own. It can be an exploration in sustainability, and it's just another avenue or venue to understand, that our, that we're not taking care of Mother Earth in our death practices, and that we're far from it m- very oftentimes, and so even just that calling in a way allows the youth to be inspired because they care more about the environment as a generation than others. And I recently had one of my coffins, in a gallery showing about grief. [00:10:00] and the majority of individuals that were engaging with that coffin were younger.

And it was so interesting because the comments that I got from them afterwards is that they'd never actually thought about how, how our death practices are not honoring Mother Earth. they'd never even considered it.

And it's one of those classic, you can't un-know now.

It's like now that you can't possibly un-know. and so I think that those ripple effects also have the potential of making longer term change, not today, but, when that younger person is in a position to help, make decisions within their own family or friend set or, then it's a different option.

Karen Wyatt: and there has to be something about the fact that this is a hands-on approach, people making this coffin with their own hands. And for anyone watching the video, you can see an example [00:11:00] behind, Tamara of, one of the coffins that she's made. But would you describe the process, describe how you make them for people just listening who...

so they could maybe imagine what it looks like.

Tamara MacIntyre: Yeah. So it's willow, as in like the plant willow. lots of different types of genus and species of willow grow all over the place, and, and the climate here in Vancouver Island is perfect for willow. and the willow is harvested, its one-year-old rod.

it tends to be harvested, just before it buds, so that those buds would make the rod weak. And so it's, r- really the early, days, the end of winter, beginning of spring when they're harvested. And, and then they dry out. And so you can weave with green willow. People ask me all of the time, like fresh cut willow.

The issue is that there's a lot of distortion when it dries, and so it's not consistent, and so you get a lot of warping. [00:12:00] And, that doesn't m- matter necessarily if I was weaving coffins that were gonna go into the ground immediately, but that's not really what's happening, right? And so, the willow is dried, and then that's typically when I purchase it.

and then the willow, before it gets used, has to be soaked. And so it will absorb water, and then you have to cure it, which will distribute the water equally across the rods, and that's what makes it so flexible. Mm ... and, so I... when I arrived in Vancouver Island, th- they... I had to contact growers to see if they were willing to harvest long rods, because for them, most of their harvest is all for s- for basket makers.

So it's all much shorter lengths. And so all of a sudden, I had multiple growers who had willow that they really wasted, who all of a sudden realized maybe I would want it. and so it's soaked, and then it's cured. And so just to give you an example, like that willow for a coffin, because of its length, in this [00:13:00] climate is soaked for about two weeks.

It's cured for another week after that. I stagger it because, of course, the build takes some time. So you build it in the base, then you build the body on it, and then you build the lid. And so it's really done in three parts in a way. it's not like a big basket. it's not the same techniques as a big basket.

the, the reality is that it has to hold weight. And so the actual- sort of makeup of how it's actually woven is distribute the tension of the willow in the right places to be able to support weight. And and so you build the base, and then you can pause a little bit, and then you build the body, and then you build the lid.

and it's about 50 hours of weaving, anywhere between 40 to 50. you add the details and putting the handles and, that for me is a lot of the creativity. and then I have a, cedar artist who makes fences and saunas and stuff like that, and I get the cedar [00:14:00] shavings off of the floor from his studio.

he puts it in coffee bags for me, and then I make mattress pla- pads out of the cedar. So in the Pacific Northwest, you get the olfactory of the cedar along with the willow. and of course, cedar is a scent of ascension, and so there is also other, reasons cedar is oftentimes chosen in that kind of way.

And even just in that conversation, if people are in the know or they have ritual and they understand how cedar gets used in after death, or if, if they are somebody who has sustainable values and the idea that this is ren- a renewable resource of, it's one-year-old willow, like, all of these things become the fodder for conversation in terms of curiosity.

but yeah, so it's a considerable amount of time. the willow rods are, bigger, heavier. your hands have to really guide and hold. when I have woven with somebody, before [00:15:00] we, we stagger it in two, three-hour chunks of time. I do some building. They come. We make sure that they're part of all aspects of the build, but also all the aspects of the decisions associated with it.

we're not used to understanding that when you say a bespoke coffin, it means for your size.

Your height, your width, the length of your feet, what burial ground it's going to go in. The different, burial ground managers have different preferences in Canada. That's different than the UK where there's different standards, and so there's another whole level of conversation that people have not actually thought about, and it's really fun for me.

To ask them questions about what they want because they've never actually thought about some of those decisions.

Karen Wyatt: Yeah, I'm sure. It's so very unique. And, I just wanna say how beautiful it is. I'm just sitting here [00:16:00] looking at it and imagining the weaving process and just the time and effort that has gone into it.

And I'm curious to know, do people ever order a bespoke coffin for a loved one who has recently died, like order it in the moment because they want to use it for someone who's already died?

Tamara MacIntyre: It's interesting because I would say to you at this point in time, like I think if you were talking to a, weaver in the UK, they would answer that question absolutely.

I would say for me from a personal experience, the people who are, approaching me to weave, to purchase, are doing it for themselves.

so the color of the willow because I have more varieties and different varieties here on the island that they can choose, their actual physical size, but also things like, I remember with an [00:17:00] individual I had said to her, "A true bespoke is gonna size it this way.

Do you envision, anything in the coffin with you, do you want to be surrounded by flowers? Do you want to be nice and cuddled and tu- tucked in there?" so even just those kind of conversations of, "What do you envision? what do you imagine? are you gonna want it nice and tight or is that gonna

Do you think that's gonna feel claustrophobic? would you like to have..." somebody said to me, she said, I'd like enough space for me to really be resting in boughs. I'd like to have boughs inside my coffin where it, where I have the olfactory of the greenery around me."

And I'm like, "Okay. we'll build it a little, a few more inches to accommodate for that." or decisions like, I had said to somebody, "Do you, are you planning on having pallbearers? Do you have people that you would like to carry you?" And she said, "Oh, I do." she's [00:18:00] "I have four girlfriends I want to carry me."

and I said, "Okay. So then we'll put carrying ... We'll, have it carried four, four, four people carrying as opposed to six people." And so we talked about the

distance between the handles so that her people, it would be women's shoulders as opposed to-

a broader shoulder base. And so that whole process with her was, like, just mind-blowing.

She's like, "Oh my goodness, I actually, I know my ... I could basically say to my friends, 'Okay," you're my four and here's your handles.'" and so we did it that way. we absolutely did it with that in mind.

Karen Wyatt: Wow. Just so many questions- I might not have thought that, you need to consider, but that makes- Yeah

so much sense. Are a, a lot of the people who want to build their own coffin with you or have you build it for them, are they people who already [00:19:00] have a terminal diagnosis so they know that death is approaching? Or sometimes people who are thinking far in advance?

Tamara MacIntyre: Yeah. medicine allows remissions and pauses and, people will come close and engage, and then that, in a way, removes a little bit of fear, and those are the people I'm meeting right now.

I think present moment it's like they've been close or they are in recognition that it's not tomorrow and it's not next month, hopefully. But it is in my future and I can see it, and the greatest likelihood is this diagnosis I have will be the trajectory of my life and it will bring me to end of life.

but the drive also stems from their own want and need to design or be engaged in that process. As well as wanting to remove some of that [00:20:00] burden and decision-making from their loved ones.

So it tends to be like there's... They've been close, or they are aware, or they carry a diagnosis, and they can do it, they want to do it, and their family won't have to, or their person won't have to.

I had, I, I wove a shroud stretcher, and when I said, "Okay, I'm ready to build. Are you ready for it?" I had said, "Now, are we building for your height?" And she said, "No. When we first spoke, we, you had talked about these shroud stretchers as being fam- like, held within families, and that these carried f- family members.

And so a family lineage would know this is what I'll be carry- this is the way I'll be carried to burial because this is all what has carried all my family."

And she said, "I love that whole idea. So my son is six foot tall, so if you could, build it [00:21:00] for him, we'll see if he's open to carrying on or beginning a tradition with his family."

Karen Wyatt: Wow.

Tamara MacIntyre: So you engage in, another whole level of care, lineage, ancestry, all things that we're in a culture where I don't think unless you are part of, a tradition, a religion, in general, our culture doesn't actually consider our ancestry and our ancestors in that kind of way.

And so to- To offer the opportunity to create a legacy within your own family line. for this particular individual, the idea that she was going to leave something that could potentially her grandchildren would see her carried n- that automatically she would be changing their [00:22:00] relationship with death.

Karen Wyatt: Yeah.

Yeah. That's just so interesting to think about. And I'm just imagining the idea of being able to touch and hold something that will be part of- your after-death experience and the disposition of your body. But, there's, a sense of some, somewhat of control over something that you don't, can't really control

Over something that we don't really have all the answers for, we don't really know, but being able to hold and touch something- in advance, that seems really profound.

Tamara MacIntyre: And from m- what most people will say is that, there's a connection to their ... They are connected to their after-death story, right?

And so there's that element of, people ... Fear associated with dying, tends to fall into one of two [00:23:00] categories, And I'll always say, if there is a level of fear, do you have a sense is your fear associated with dying or is your fear associated with being dead?

And those are two very different sort of venues of exploration. And so there's something about the idea of this will be the care of this vessel that has been the face and has carried me around in this world. and I, know how I'm going to take

care of her afterwards, and I know, not just where she's going to be, but I also know that level of dignity and connectedness to that end of life piece.

a- and I ... That alone gives people peace.

Karen Wyatt: I could imagine that it brings peace to, those left behind, the survivors, the grievers afterwards also. even the whole ceremony, being part of it, looking upon this coffin- [00:24:00] that their loved one chose and that I, I can just imagine it brings so much deep meaning- and value to the entire process.

Tamara MacIntyre: Very much Yeah, very much

Karen Wyatt: Wow. Do you ever have, like a group of people who want to come and build the coffin together, like other family members get involved and everyone participates

Tamara MacIntyre: in it? It's a great idea. Most recently there is this wonderful group of, death doulas on a island not very far, from where I am off of Vancouver Island, and so a much smaller island.

And, this death care collective is really trying to, Bring people home to this small island. And so oftentimes what happens is, people will leave the island for medical care but don't oftentimes come home. And so they're trying to reclaim death care on their island and have a community-based model of death care.

And so recently I was speaking at a, at their sort of annual kind of [00:25:00] community event, and what transpired from those conversations, because they're doing incredible work, and, is the idea that I will return in the spring, and what we'll do is we'll have the community build their own carrier.

And so the community will have a community event, and then we'll have whoever would like to participate actually help me weave their vessel that will be their own.

and so that idea of, a community-based collective taking care of their own, but then also a vessel that they as a community have participated in creating that will then be reused, that they will know how to repair, that they, that can be adorned, in different ways but yet can be a shared piece of the community's, way with which end of life looks.

yeah, that, that idea is just so powerful to [00:26:00] think about returning to a community model, So that whole idea of, death being a medicalized event and really wanting to see it move more into a community, supported, experience, they're doing it. They're doing it on this small island.

And so the idea that I could just go and share my knowledge and, cure some willow and bring it over, bring it over to the island and then that becomes inherently something that the community will know and use and have participated in, is the best idea of a collective community experience, that I can think of.

Karen Wyatt: It is. Yeah. It's so beautiful, and it's immediately connected to the Earth because- because it's handwoven from nat- from natural materials. And just the symbolism of all of it- and the depth of all of it- it's, that is really amazing. [00:27:00]

Tamara MacIntyre: Yeah, I, had a conversation recently with, a general manager at the funeral home and y- you can buy woven coffins and they'll come from China, and the price point is gonna be significantly lower than what I can sell mine for.

and it's a- also a perfect example of it does depend on your values, because you can, the, what you can afford in after death care, and what does that actually look like? and so in that community-based model, what that looks like versus what, certainly where I live right now is the majority of people are of the mentality that they'll just disappear.

They'll, choosing cremation and they'll just "What's the most cost-effective way that I can just, dispose of my body and keep money in the pocket of my family?" and then the reality is [00:28:00] the lack of understanding that it is rituals, it is community, it is the necessity of, there is something hugely powerful to have a community member bear witness to your grief, to be present to your experience, to be willing to engage in conversations associated with grieving, what you're experiencing.

and so we remove all of those natural acknowledgments and tendencies that I think we as humans need when we remove ritual, when we remove the ability for there to be community interaction, after death. And my vessels become part of that because there is a call to engage with it. I'll oftentimes tell people like, "Have a smell. Have a feel," "Lift it up." and so yeah, like that whole sort of concept of you can make cheaper, greener decisions, [00:29:00] but is it really greener if it's coming, 5,000 miles away, and if it's machine made, and does that

matter to you so it's, it's w- present moment we're not ... Our death practices are not engaging in what I think h- we as humans really need.

Karen Wyatt: That's ... Yeah. Yeah That's so very true. And I was thinking about this hands-on nature of this artistry and doing the work. It slows everything down. It's a slow process.

And so often it does feel as you're saying, people are trying to speed through death and the disposition of the body. Let's just get the body cremated. Let's get this over with, and we'll move- on as fast as we can. But to do it the slow way and slow down and take time allows such a beautiful container for grief to- unfold naturally, and a place to hold it [00:30:00] together and honor it t- together. And, that's very touching.

Tamara MacIntyre: Th- there ... I've never m- met a funeral director who isn't open and willing, to meet requests if they can, I have ... There's a local funeral director who I've heard him say many times, "If it's legal, I'll do it.

just tell me what you want." but we don't even understand what the options are. We don't know what the offers are. We don't know what the choices are. in, in my end of life nonprofit work, it's so amazing when you give people the opportunity to just offer an option that they didn't even know.

And so that idea that when you say after death decision, for everybody it defaults to burial or cremation. [00:31:00]

But there's a whole lot of other decision-making that can be made alongside. I just met with three sisters whose mom's death is imminent, and our conversation stemmed from what they could ask for.

How much time could they ask for after death, and would it be possible to wash their mom afterwards? And, They're asking those questions, and it, in this moment it's really brave to do that. Because it's not until afterwards that there's a level of, "Oh, I wish I had," or, "I never thought of," or, "What do you mean You so there are so many other opportunities to be present to the experience and to just sit still. And I will say to people immediately after the death of their loved one, "I can help you stay, I can help you go. But if you don't know what to do, just sit still until you do."

[00:32:00] Just sit still until you do, and I remember so clearly there was a moment where a woman said to me, her husband had just passed away, and she

said, "He's, not here, is he? Do you feel him?" And I said, do you?" She said, "I don't think so." I said, why don't you just sit down until you know for sure?"

And I said, "Would you like me to stay, or would you like me to step out of the room?"

And she said, "No, stay." And so we sat there, and it was like, I don't know, maybe only maybe 15, 20 minutes. And then she looked at me and she said, "He's not here."

It was like just sitting still in that moment. No conversation, just present to the experience, present to his body without life in it. [00:33:00] Those moments are so precious.

And if you're somebody who doesn't feel like you need it, that's fine, but what happens if you're somebody like this individual where the difference of 15, 20 minutes allowed her to not feel guilty about walking away if he was in some way somewhere, right? That is so true. so you don't, you don't have to, you don't have to hold the concept of a Bardo.

But if you do, how do you m- how do you make that work in conventional after-death moments?

Karen Wyatt: And especially people need to know- they have permission to ask for that because they will get rushed. They will get rushed in. And I had that happen myself. The hospice nurse is on the phone calling the funeral home immediately after the laf- last breath.

Because we wanna be efficient, we wanna take care of things and get it wrapped up. And, it's not the right time for rushing. It's definitely the time when we need those pauses like you're [00:34:00] describing.

Tamara MacIntyre: Yeah. And the likelihood when there's multiple individuals, so whether it's a family dynamic or a friend and family or a mixed family dynamic, the likelihood that all of the people in the room are gonna feel exactly the same way and want the exact same thing is just not realistic.

And I've learned in those moments to, ask people to be present to their own experience because this is theirs. and also just to recognize that whatever you need to do, there's no judgment. If you need to step out, if you're done, if you need more time, all of those are the right decisions.

Karen Wyatt: Yeah.

Tamara MacIntyre: But it's about just checking in with yourself, and, and asking for what you want or acknowledging what you want without any sense of social pressure in any way, [00:35:00] because this is a very precious moment-

Karen Wyatt: Exactly ...

Tamara MacIntyre: that you'll never get back,

Karen Wyatt: Yeah. And as much as, we encourage people to plan ahead, think about what they might want, and yet you might end up wanting something entirely different than you imagined that you would want when you're actually in the moment- 'cause we can't really foresee what it will be like.

Tamara MacIntyre: No.

Karen Wyatt: So we really do have to have that openness where everyone's allowed to act on whatever they're feeling-

in the moment.

Tamara MacIntyre: Yeah, very much and also, if I can meet an 80-year-old who's never been present to death before, that's a reflection on a lot of decades of closed doors, lack of conversation, m- asking the healthcare system and the death care system to take care of these human moments.

And [00:36:00] it's gonna take some time for us to get back to something different. And not preparing the 80-year-old for what is to come with death and not engage or at least offer to engage in a conversation about what to expect, really creates, I think, some of these grief processes that are unreconciled that sit.

or, if you are somebody that understands trauma-informed practice, y- there are certain moments in the dying process that have the potential to be traumatic. death isn't in- inherently traumatic, but if you've never experienced it or never had a conversation about it, all of your previous experience will sit in front of you in that moment in time.

And you know, death isn't inherently traumatic, but there's certainly an incredible opportunity for it to be And so if we don't, if we don't engage in these

conversations, [00:37:00] if we don't help people or prepare people for what they're going to bear witness to, or if we don't explain how the body shuts itself down, if we don't, understand when is the time to ask about timeline and trajectory from our care providers, or if you- Aren't sure that you can say no or that you're done.

these are all scenarios that I think are a byproduct of just not engaging in any aspect of this conversation. And yeah, there's, a lot of trauma associated with death because of our lack of understanding of what it really is.

Karen Wyatt: Yes. And it, seems to me so important as part of the work of death doulas, which you can speak to if you see it this way.

But as much as it's important for death doulas to do what they do, being with people and accompanying them at the end of life and [00:38:00] helping them navigate it, I think educating our communities is so important because we really have a, a, a death illiterate population for the most part. People who are- Right

as you said, so not prepared for what they will encounter. And so the people who decide to hire a death doula are people who are prepared in their own way or they know something. they've reached that point, but there are so many more people who, aren't ready at all and who will likely, whole families that will have a difficult time and a lot of challenges just because they've never been able to talk about it.

Tamara MacIntyre: And it's interesting because we're hearing more and more about advanced care planning. and a- and so it makes sense from the legal and the medical perspective of trying to in a certain way, you're not gonna get what you want if you don't, if you don't do pl- it's gonna happen the way it happens and hopefully you've got some good decision makers who can make quick [00:39:00] decisions and you hope that their values are yours, But so you hear so much about the advanced care planning and I, and I think it's an important piece of exploration, but it still doesn't speak to, what you will bear witness to. It still doesn't speak to the emotions, the family dynamics, the, how, all those... It will take care of some of those things, but it doesn't make room for all of those things, And then there's also, there's, I was, it was a podcast about a year ago, and it had me, it was talking about advance care planning, but in particular it was talking about the, how culturally inappropriate advance care planning is when there are cultures where there is, somebody within the community, the elder who is the decision maker.

that's the nature of the way communities did it. It's like the families weren't the decision [00:40:00] maker. They could rely on the elder in their community, or inherently within, a community-based model, there, there were certain decisions after death that, your community would take care of so that you could be present to grief and be where you wanted to be alongside your person who's dying, So it's interesting, like it's a step in the right direction and it's still the real personal part of being present to death and how does the human body shut itself down, and what am I going to bear witness to, and, that level of like what we keep asking the healthcare system to do in terms of holding people in chemical suspension.

There's still work to be done.

Karen Wyatt: So much Mm-hmm. And, I know you've been a clinician and taking care of well people or people who, are not terminally [00:41:00] ill yet at this point. And same here, I'm trained as a family doctor, and I, so I did hospice and family medicine side by side, and I later came to realize, I honestly should have been talking about death with every one of my, Every one of my family practice patients.

the person who came in afraid of some symptom they had that, that they might have lung cancer like their father did. And then- we do the X-ray, we do the tests, and find out no, it's not cancer. But what if I had just spent a few more minutes and I had said, "You don't have cancer, but you know what?

One day you might. One day-" Yeah ... "you may get a diagnosis that's gonna tell you that the end of life is near, and it's a good thing to think about. It's just a good ... You got a scare today, and we took away your fear, but now you've thought about it one time. Let's keep thinking about it. Let's talk about that.

Let's prepare. let's imagine the future and be ready for it." But- Yeah ... I never did. There was never a- that was not ac- an acceptable way, for a [00:42:00] clinician to talk back in those days. But I think about that often, gosh, we should be talking about it every, every opportunity we have.

Tamara MacIntyre: But I think it's important for people to hear that message from you, having had that experience, because the reality is there is incredible amounts of moral burnout happening within palliative and hospice because these conversations are not happening, because you are being asked to make these decisions, right?

And understanding the human part of who you are in that experience and the drive to want to have that conversation, but also recognizing that we're in a moment in time where that's unexpected. It's not, it's not welcome. That's very true. Right? Because, that, it, it speaks to what we've continually asked our healthcare system to do, which is extend quantity of life at all cost.

of course if you're in palliative or hospice, what a dilemma for you. [00:43:00] Exactly. Because, you're wanting to take a conversation from quantity of life to quality of life, but you can only do that if there's a window or an opening to engage in a conversation, right? Otherwise, there's risk for you.

Karen Wyatt: Yeah. So very true. Yeah. Yeah. Very true. And yes, our training is all about quantity of life, and I don't know if it is f- for you in your field. Did you feel- as much pushed in that direction or-

Tamara MacIntyre: That's the interesting thing about being outside the system, is that the people that I was caring for, were prioritizing qual- quality of life.

they were, doing it i- in parallel to conventional, care and treatment, or they were doing it as an alternative to because they had symptoms without a diagnosis, or there was, their quality of life was not unacceptable and they, [00:44:00] y- acceptable to them and they wanted to, be more proactive and medicine wasn't offering anything proactive, so yeah, it was a different subsection. my conversations were very different from that perspective. And I think, in the work that I'm doing now, and I've had this conversation with a researcher, is in the work that I'm doing now, like the people who, 20 years ago, 30 years ago, that were, not being heard within the conventional system, were prioritizing quality of life, with these level of chronic illnesses that, that their symptoms really impacted their day-to-day life.

Medicine wasn't really built to, to support those diagnoses. And then you look at what's happened with, the medication that was given for pain. It, we have a, an entire population who doesn't think we should have pain. And so you know, as a culture, we don't think we're supposed to have pain, and then we're really afraid of [00:45:00] it because we've never actually engaged in a, a process associated with, what, how do, what's my relationship with pain?

My goodness, does that ever play out at end of life.

Karen Wyatt: Oh. I'll say, a- and it underlies so many of our social issues as well- yeah ... that we've encountered when doctors are comfortable handing out

a prescription for narcotics for pain, but not discussing- what does it mean to have pain and to live- with pain.

Tamara MacIntyre: There's, I don't know if I have ... I can see it right now, but there's a researcher, out of the UK, who wrote a book, on pain, and it's The History of Pain. I forget her last name, Joanne. But it's The History of Pain and the, the sub tag, like sort of title of the book is essentially like, how did we get from prayer to painkillers?

And it's about the actual relationship to pain, like the history of our relationship with pain. What did, what has pain meant in a [00:46:00] religious context? What did it mean? What has it meant in terms of, responsibility and, my pain's my own to work through. And so how did we get from that sort of from prayer and from a level of self-responsibility to offsetting it entirely and thinking it's not a human experience that we're meant to have, right?

So that dominates m- much end of life intervention is a level of fear associated with pain and avoidance, right?

Karen Wyatt: yeah. Yeah. So very true. Yeah. And conscious dying as well as conscious living requires us to experience what is happening for us in the moment, including pain and- Yeah ... and discomfort, and not solely focus on how do we eliminate that and make sure it never happens, but to almost to utilize it if we can in a way.

And, not to say that [00:47:00] we don't alleviate it, we don't help people with it- Yeah ... and keep them as comfortable as possible, but only we have to move away from the mindset that all pain is bad and it has to be eliminated.

Tamara MacIntyre: and you could speak to this more than I, but that level of, that, that- That I, lack of understanding that as you accept more pain intervention, we are less conscious to our experience.

And so there is that balance in end of life associated with pain mitigation and management, and being present to our day-to-day or being present to the people around us. And so it's like a, So when I say being held in suspension in a chemical kind of way, it's that conversation is rarely had.

And understanding that and understanding that absolutely, some people have no tolerance for pain. And that's a chemical, like that's that's that's their [00:48:00] chemistry, that's their physiology. That's true. so finding that balance between what is my relationship that happens in my head, what's the relationship with

pain that happens in my body, and, recognizing that inherently for all of us, if we are fortunate enough to find ourselves at end of life without a traumatic death, or an unexpected death, that will come to light in some way in our decisions, if we recognize it as an option to discuss.

Karen Wyatt: Yeah. That's so interesting. I find my mind is, trying to weave together these streams that you described in a way in your work- of the coffin building and the fact that it takes time and effort, and in a way it takes suffering. It's, because you have to, let, reeds harden, and then you have to soften them, and you have to weave them together.

And the, and, it is a con- it is a form of [00:49:00] bringing consciousness around the dying process to create this piece of art that takes work, that requires some suffering and physical sacrifice to make it. But how much does that add to the consciousness about living and, and being alive and you're working with a formerly living reeds to, to make the coffin?

I don't know. I'm, I don't know. My m- mind is trying to weave those together.

Tamara MacIntyre: Yeah. I, it's, it's, just such a full, rich experience, And you're asking the willow to do something, and you're hoping that she does it, and it's about guiding and being with that. And you can't be doing anything else.

It's like maybe there's music on, but that's just setting a vibration internally, But for the most part, there is a level of repetition, but you can't... You, it requires attention, and it requires intention. And so there's something just really beautiful about that level of like mindfulness and [00:50:00] repetition and the olfactory experience that's happening.

and certainly if somebody's with me, there's a lot of quiet time, Because the nature of it is to be engaged with it. and so yeah, I think that is a form of healing, and I would say, gosh, would it ever be lovely to get to a place where a family weaves the vessel for their person with me, right?

but I haven't had that yet. I haven't had that sort of moment where there's a level of, wow, what would that look like when there's that level of connectedness to this is an active... grief so oftentimes is passive in our culture. And so it's why I think we struggle so much to be with it, because grief does require action in some way.

And so I think this has the ability to be action that is focused in [00:51:00] a way, that can be really healing.

Karen Wyatt: Yeah. As you said, what an incredible act of mourning for a family to come together- yes ... and weave a coffin together. But this- Yeah ... this all tells me w- we're on the verge of transition, or we're in the middle of transition somehow.

Yeah. And things are changing rapidly. I feel it. I feel it happening. And, so who knows where things will be five years from now- Yeah ... if we sit back and keep going the way we're going. And I think, I feel that you're adding so much to our consciousness around death and dying by t- doing the slow hands-on work, also doing the education, working and sitting with the dying.

you're covering all of the aspects- ... of it, which is really wonderful. You're holding all of that for all of us, and I'm really inspired by that. And I'm so glad that we had a chance to talk today. I can't even believe an hour has gone by. It's just [00:52:00] flown by.

Tamara MacIntyre: Thank you. Thank you so much, Karen. Thank you for your curiosity and your willingness to, engage in something that really is that intersection of art and being human, that's how I see this moment in time, and I think we are... I think there is a real uniqueness. I think where we are, is not sustainable. I think it's not meeting the human needs in terms of grief. and it doesn't matter if you're not somebody who relates to religion or ritual. There's just something deeply human about meeting this space in quiet.

Karen Wyatt: Yes,

Tamara MacIntyre: and so yeah, I hope that that's- That's just cause for maybe some pause for some of your listeners to just reflect. I always say when, when I'm s- when I'm [00:53:00] speaking because of the weight and the heaviness of some of, some of the conversation, is if people can just pay attention to their physiology, like even in our conversation today, when did they feel their physiology respond?

'Cause that's where their work is.

what about whatever it is that we've said their body responds to, and if they can pay attention to the body's response, they'll be learning there.

Karen Wyatt: Yeah. That's so very true. Yeah. That's such a good point. I d- I want to re- remind listeners they should take a look at least at the YouTube video, and maybe I can post a picture in the show notes too of the co- of you making one of the coffins so people get a chance to see that, the beauty of that.

but also if s- someone is interested and wants to know about, making a coffin with you or buying a coffin from you, can they f- can they find all of that on the website?

Tamara MacIntyre: They can. If they just, if you just go to co-consciousdeath.org, and [00:54:00] then there's Woven Vessels and all of the information's there, and then there's a reach out so you can find me very easily.

Karen Wyatt: All right. And, I have, a feeling someone will be interested 'cause usually that's what I find. So someone- Yeah. ... hears it and thinks, "Oh, that's what I was looking for. That's what I need." Thank you. So thank you so much, Tamara. It's been great to talk with you.

Tamara MacIntyre: Thank you. Thank you so much for having me, Karen.

Karen Wyatt: You're very welcome.