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Die Well, Live Fully: A Global Conversation

This webinar launching Plenna and its new website took place on 24 September 2025

It addressed three themes addressing death and dying:

- Its value as part of life
- Navigating differences across languages, cultures, and borders
- Making it accessible and engaging using digital tools

See the recording: <https://www.youtube.com/watch?v=-zRt968ZReA>

Panelists:

Natacha Madaule – Director of palliative genève, one of Switzerland's foremost palliative care organizations, championing holistic, patient-centered support for individuals and families facing life-limiting illness.

Michael Hebb – American cultural entrepreneur, chef, speaker, and storyteller. He founded Death Over Dinner in 2013 which has helped break death taboos – now held over 100,000 times in 30 countries.

Ayman Abdelmohsen – Chief of the Sexual and Reproductive Health and Rights Branch, UNFPA, and a medical doctor and public health specialist with almost 30 years of international professional experience.

Mio Urade – Japanese medical ethicist and founder of the Japan Thanatophobia Association, with Nozomi Ichikawa – a cultural entrepreneur with over 20 years' social sector experience in community and well-being. Mio is a Board Member of, and Nozomi co-founded, Death Fes: a festival to foster public dialogue and innovative approaches to life and death.

Richard Smith – Former editor of the BMJ and co-chair of The Lancet Commission on the Value of Death, which outlines a “realistic utopia” for end-of-life care with five guiding principles to rebalance medical and communal involvement in dying.

Moderated by David Sunderland – Chair of Plenna

Summary



Speakers & key takeaways

- **Natacha Madaule (Palliative Genève)**

- WHO-aligned palliative care: improves quality of life, reduces suffering, starts early (even at diagnosis), supports families.
- Switzerland's cultural mosaic (4 languages; Protestant/Catholic/Romansh differences) shapes rituals and attitudes.
- Assisted dying exists (Dignitas/EXIT). Its *availability* often reassures people; many register but ultimately opt for palliative care.
- Trend toward de-tabooing death via public campaigns, schools, and emerging eco-burials.

- **Michael Hebb (Death Over Dinner)**

- Created a free, beautiful, non-hierarchical ritual to build “death literacy” before crisis; >2M participants worldwide.
- Forest metaphor: the more you know the “night forest” (death), the less terrifying it is.
- Localised editions (Jewish, clinical with Cleveland Clinic, Brazil; many community variants). Gift model—no trademark, free to adapt.

- **Mio Urade & Nozomi Ishikawa (Death Fest Japan)**

- Death Fest launched in Shibuya; rapid growth (~2,000 attendees last year; ~4,200 this year).
- Principles: neutrality, diversity, psychological safety. Using death as a doorway to well-being.
- Japan is exploring how to discuss assisted dying (not legal); interest is high.

- **Ayman Abdelmohsen (UNFPA)**

- Personal view from Egypt: religious fatalism can mask preventable maternal deaths.
- UNFPA's “three zeros”: end unmet need for family planning, preventable maternal deaths, and gender-based violence.
- Emphasis on skilled midwifery, functioning systems, reliable supply chains, and the importance of death/life literacy.
- Raises the economics of dying vs palliative care; invites more study.

- **Richard Smith (Lancet Commission on the Value of Death)**



- Diagnosis: in high-income countries death is over-medicalised, unfamiliar, and often hidden; paradoxically, many LMICs lack basic palliative care (e.g., morphine).
- **Realistic utopia (5 elements):**
 1. Address social determinants of death/dying/grief.
 2. Understand death as relational/spiritual, not merely medical.
 3. Build community networks/compassionate communities.
 4. Normalize everyday conversation and storytelling about death.
 5. Recognize death's value (gives life shape; "great equaliser").
- Assisted dying debates can consume oxygen; systems change is needed (Kerala cited as community-led model).
- Festivals work (London example drew thousands), but funding is hard.

Q&A / discussion highlights

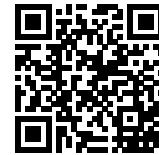
- **Assisted dying:** In Switzerland, legality increases *literacy* and *agency*; many sign up but don't use it. UK debate is intense; Canada's MAID (based on unbearable suffering) normalized quickly. Netherlands: legal 25 years; still complex, requires solid health system and strict criteria.
- **Economics:** Evidence suggests earlier palliative care improves outcomes and lowers costs; end-of-life spending is high (~10%+ of budgets on ~1% who die annually); concern that expensive late-life treatments crowd out broader determinants of health.
- **Culture change tools:** Death festivals, cafés, guided dinners, family workshops (e.g., Geneva's) break taboos and prepare families.
- **Note of caution:** Some clinicians feel conversations are getting harder, and even hospices risk re-medicalising death.

Outcomes & next steps

- Plenna invites visits and sharing of the site; seeks support, donations, and partnerships

Core message

A little preparation and open conversation go a long way—for individuals and families, and for societies learning to “die well” so we can “live fully.”



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Translation disclaimer: Content originally written in English.