

As we are frequently reminded, we are an aging society and we live and die differently now.

Previously, most people died from accident, infection or childbirth having been previously well. This is still the way that many die in developing countries- from HIV, TB, infant diarrhoea, and trauma.

Over the last century the way we die has changed- most of us now dying later from more predictable gradual decline of one or many of our organs.

Previously we could be death-fearing or death-denying- now we have to be death- aware and 'death-prepared'.

For the first time therefore we have a chance , not only to know that one day we will die, but to prepare for it and to live in the context of our dying.

For many, death is still seen as failure as we perform futile heroics, postponing the inevitable whilst providing inadequate support for those at this crucial time in their lives.

How can we hold the balance of striving to prevent avoidable early death, yet facing its imminent reality by better supporting people at this vital time?

The answer is, in part, to listen harder.

When asked, most people say they want to live, and live as well as possible until they die. We then want to die well in the place and manner of our choosing with those we wish to be with, peacefully, with dignity, having done all we need to do and made good preparations for our final journey .

That is the essence of advance care planning and the movement to improve end of life care for all, of which I and many colleagues are involved.

It does not inevitably lead to an attempt to control death through euthanasia, but it is a fervent desire to affirm life , supporting people to live well until they die and to get it right when the time eventually comes to die.

It is time we face our own mortality head-on.

Surely we must firstly admit that this is going to hit us all; secondly, make strategic practical plans at every level to be prepared; and thirdly, initiate our own personal plans.

The majority of those working in health and social care who deal with people nearing the end of life are not specialists, but generalist frontline staff doing the best they can with the resources they have.

Like the rest of us, they find it difficult to tackle the taboo subject of death and dying.

And yet, if people are not given the opportunity to discuss their preferences for how and where they would like to be cared for, the chances of fulfilling those wishes are inevitably reduced.

Advance care planning can play a major part in improving the care a person will receive.

Although in essence it is a considered discussion with family, friends and professional carers, it works best as part of a process of planning leading to the delivery of quality care in alignment with peoples' wishes.

We need to deliver better end-of-life care for all in every setting, and to have more discussions of matters related to death and dying .There is much good work already going on, but more still to do. This week is the national 'Dying Matters' week www.dyingmatters.org next month there is a major international conference held in London for the newly formed International Society for Advance Care Planning and End of Life Care (www.acpelsociety.com) and other spearheading work in this area of national significance (www.goldstandardsframework.org.uk www.endoflifecareforadults.nhs.uk)

This is life-affirming as well as death-acknowledging - living in the light of our dying can help us live better now and points to the deeper values and meaning of life itself. If we get it right for the dying, we get it right for the living too.

By actively and bravely living with dying and planning ahead, nationally, locally and personally, we might be able to affirm the full value of life so that "when our time comes to die... dying is all we have left to do" .