Historical perspectives on death, dying and bereavement in Scottish society
Timeline

2011

- People are unprepared for the experiences of death, dying and bereavement

- Communities are disempowered from providing support to the dying and the bereaved

- Health and social care professionals are unprepared for death-related discussions

- [www.goodlifedeathgrief.org.uk](http://www.goodlifedeathgrief.org.uk)
Timeline

1560

- Act of parliament means Scotland becomes a Protestant country.
John Knox’s 1st Book of Discipline states
‘prayers over or for the dead, are not only superfluous and vain, but also are idolatry, and do repugn to the plain scriptures of God’

He bars ministers from attending burials & forbids burials in churchyards
People left to look after all aspects of dying, death and disposal
General Assembly of the Church of Scotland declares that

“every parish should have a ‘bier’ in which to carry corpses to burial grounds where the uncoffined bodies should be buried under six feet of earth with ‘no religious service’
1645

King Charles I approves an Act of Parliament (Directory of Publick Worship) which states that

“praying, reading, and singing, both in going to and at the grave, have been grossly abused, are no way beneficial to the dead, and have proved many ways hurtful to the living; therefore let all such things be laid aside”
Mid Eighteenth Century
it had become
‘an expensive thing to die, and often a ruinous thing to be buried
Involvement of clergy, by this period, was still very limited.
‘The feast was lavish and prolonged – the minister saying the blessing over the meat at vast length, which constituted the whole of his funeral service, and in which he “improved the occasion” with equal solemnity and prolixity

1827

First ‘funeral undertaker’ listed in *Glasgow Post Office Directories*, though the trade as a commercial enterprise had probably been around for nearly a century.

The cost of the Scottish funeral in the mid-nineteenth century, and the public perception of the undertaker, seems to have been altogether more acceptable than it was in England.
Timeline

1854

Death Certificates become mandatory

All Deaths must be Registered

By this time ministerial services ‘extended only to ‘home–based devotions’, and did not include ‘solemnising the burial itself’

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Cause of Death</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1855 May</td>
<td>Palmer, John</td>
<td>M</td>
<td>68</td>
<td>Heart Disease</td>
<td>Registered by William Hutton</td>
</tr>
<tr>
<td>1855 May</td>
<td>Palmer, Margaret</td>
<td>F</td>
<td></td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>1855 May</td>
<td>Arrow, William</td>
<td>M</td>
<td>65</td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>1855 May</td>
<td>Arrow, Elizabeth</td>
<td>F</td>
<td>65</td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>1855 May</td>
<td>Allen, Joseph</td>
<td>M</td>
<td>75</td>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>1855 May</td>
<td>Allen, Jane</td>
<td>F</td>
<td>75</td>
<td>Heart Disease</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Registration by William Hutton.
A Highland Funeral  Sir James Guthrie (1882)
Mid/Late 1800s

- Industrial Revolution results in more urban populations.
- Overcrowding, with little or no sanitation.
- Epidemics (cholera etc)
- Many young deaths.
- Cemeteries rather than graveyards.
The Dewar Committee, set up by the Chancellor of the Exchequer in 1912 to check on the reported inadequacy of medical care provision in the Highlands and Islands of Scotland, found, amongst other things, that there were a large number of ‘uncertified deaths’ ‘in many parishes the proportion [of uncertified deaths] was over 40% and in one parish it reached 80%’
Timeline

1914–1918

The Scottish National War Memorial commemorates nearly 150,000 Scottish casualties of the First World War. The unprecedented scale of suffering and mourning led to a change of the stance by the Church.

This war, and the Spanish Flu outbreak immediately afterwards, which officially claimed 17,575 Scottish lives (it is widely believed to have killed twice that number), saw the sanctioning of the ‘practice of prayers for the dead’.
The Church of Scotland Act 1921 declared ‘the lawfulness of certain Articles declaratory of the Constitution of the Church of Scotland in matters spiritual prepared with the authority of the General Assembly of the Church’

Article III of the said Act affirmed the state Church’s ‘call and duty to bring the ordinances of religion to the people in every parish of Scotland through a territorial ministry’
Timeline

- 1929
  - Crematorium opened in Edinburgh Warriston brings total to two (Maryhill/Glasgow in 1895)
- by 1939 there are 6
- by 1960 – 10
- by 1970 – 17
- by 2000 – 22
- by 2006 – 25
### Funerals in Scotland: Burials v. Cremations

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Deaths</th>
<th>Burials</th>
<th>Cremations</th>
<th>Crematoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1939</td>
<td>64413</td>
<td>56816</td>
<td>7597 (11.8%)</td>
<td>6</td>
</tr>
<tr>
<td>1959</td>
<td>63061</td>
<td>51044</td>
<td>12017 (19.1%)</td>
<td>10</td>
</tr>
<tr>
<td>1969</td>
<td>63821</td>
<td>39448</td>
<td>24373 (38.2%)</td>
<td>17</td>
</tr>
<tr>
<td>1979</td>
<td>65747</td>
<td>30166</td>
<td>35581 (54.1%)</td>
<td>18</td>
</tr>
<tr>
<td>1999</td>
<td>60281</td>
<td>25263</td>
<td>35018 (58.1%)</td>
<td>22</td>
</tr>
<tr>
<td>2008</td>
<td>56024</td>
<td>21121</td>
<td>34903 (62.3%)</td>
<td>25</td>
</tr>
</tbody>
</table>
1920/30s

growth in prominence of the District Nurse, many of whom had been transferred after wartime service

They were, ‘expected to live in the area, nurse the sick, care for the dying…collect duty fees’

The District Nurse was the first, and often the only, medical facility called on by communities, and their covert way of ‘forgetting’ to collect fees from poor families, or for taking food in kind, or even paying fees from their own pockets, was an open secret.
1934
449 hospitals in Scotland (excl institutions for certified lunatics and for Poor Law sick), with a total of 31,250 beds. Of these, 206 (amounting to 12,575 beds) were provided by Voluntary Hospitals. These voluntary hospitals in Scotland, unlike their English/Welsh counterparts, and unlike General Hospitals in Scotland, were forbidden from levying charges on patients because of their ‘charters or instruments of creation’. Having to exist on donations, subscriptions, and from legacies, meant that increasing the provision of beds was financially difficult.
Decision was made to build Emergency Hospitals in line with Civil Defence Act (1939) (Section 50) 7 built in Scotland.

start of the war, 35,331 beds, and at the cessation of hostilities there were 48,101 hospital beds in Scotland. The increase of 12,970 beds was almost entirely down to the use of Emergency Hospitals, and in ‘mid–1946’ the DHS announced they would continue to administer these additional hospitals
1948

National Health Service

Scotland, in 1948, had a hospital bed complement 15% greater per head of population than England and Wales, also had 30% more nurses and 45% more medical and dental staff than her neighbours to the south.

Hospitals, and doctors’ surgeries, were deluged. Some of the ailments which suddenly appeared were major and long-standing, such as ‘women with prolapsed uteruses and men with huge hernias.’ This overnight lifting of many of the fears over sickness manifested itself in the queues which appeared at the doctor’s.
Timeline

1949
- Estimated 81% of all deaths are at home
- By 2009 23% of all deaths are at home

1951
- First commission into the unacceptable treatment of the dying in hospitals (7 more, incl a Royal Commission, by 1959)
1967

St Christopher’s Hospice opens in London

Modern Hospice movement stimulated initially through the efforts of a small number of medical professionals who had become disturbed and disillusioned with the treatment of dying patients in hospitals
Timeline

- 1977
  - St Columba’s in Edinburgh opens in Scotland

- Audit Scotland in 2008 lists 13 voluntary hospices, 2 national (children’s) hospices & 11 NHS Unit hospices
funeral homes ‘incorporating a chapel of rest’ were first listed, and the funeral director, since, has increasingly, and now almost exclusively, been housing the bodies of the dead.

Late 1940s/1950s/1960s

Upsurge in new housing schemes – smaller rooms and central heating makes the keeping of the body at home wholly impractical.
Timeline

1950s
- Increase in religious attendance in Scotland – Billy Graham preaches in Scotland and the Pope visits, both events draw massive crowds

1960s
- Starting point of a marked, and steady, decline in religious attendance – Church of Scotland initially but Catholics and other Christian faiths too.
1959

**Cruse Bereavement** founded in Surrey to support grieving widows

This is a non-religious charity

As a consequence of devolution, Cruse Bereavement Care Scotland (CBCS) was set up on 11 April 2001 as a fully independent Scottish Charity,

7,000 enquiries were received in Scotland in the year to March 2007, and of these over 3000 were referred to either a Cruse volunteer for one-to-one support, or a Cruse group. In the same period over 400 volunteers gave in excess of 50,000 hours of voluntary service!
2011

People are unprepared for the experiences of death, dying and bereavement

The sight and the experience of Death has been removed from the community because of the institutionalisation of dying and death and the professionalism of the funeral director. Need for bereavement counselling increasing exponentially.

Communities are disempowered from providing support to the dying and the bereaved

Changes in social behaviour, and the diminution of community involvement through religious institutions, have the effect of disempowering the support network traditionally in operation at times of dying and death. Difficulties in helping those bereaved are exacerbated by diminished sense of community.

Health and social care professionals are unprepared for death–related discussions

Hospice movement and palliative care improvements improve death experience, but only for some. The majority of deaths are in general hospitals where doctors and nursing staff espouse a ‘curing rather than caring’ ethos and find death–related discussions difficult with both patients and relatives.

www.goodlifedeadthgrief.org.uk