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The Non-Professional Virtues of the Hospice Volunteer

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ABSTRACT *Volunteers have long played a significant role in hospice care. Much of the care volunteers provide consists of weekly hour-long in-home visits. Home-visiting hospice volunteers are not professionals, nor are they strangers or intimates. Hospice volunteers will not typically face moral dilemmas, nor be called upon to make dramatic decisions. Nonetheless, hospice volunteering can exemplify a neglected area of in-between ethics – a subset of what Brownlee has called the 'ethics of interacting' – that can redound to the wellbeing of all concerned. This article explores the in-between ethics of hospice volunteering and the opportunities it affords to cultivate virtues of attention and gratitude.*

1. Introduction

In a well-known 1981 essay, Stephen Toulmin distinguishes between the 'ethics of intimacy' and the 'ethics of strangers'.[1] The former concerns family and friends. The latter concerns those with whom we have impersonal interactions in public and commercial spheres. Toulmin argues that healthcare professions go wrong when they allow the ethics of strangers to eclipse the ethics of intimates.[2]

Toulmin makes an insightful point about the limitations of the ethics of strangers. But there is more to that point than a two-fold, strangers-vs-intimates distinction fully captures. We need to recognize, as well, a third, in-between ethics: an ethics of interactions that are neither impersonal nor intimate, nor governed by professional obligation. This third, in-between ethics might not seem as important as the others. Interactions in this in-between space do not typically involve dramatic decisions or moral dilemmas. But the quality of those interactions may nonetheless have a significant cumulative effect on the wellbeing of all concerned.

In this article I explore a type of interaction that exemplifies this third, in-between ethics – that between people on hospice and volunteers visiting them in their homes.[3]

Volunteers have long played a significant role in hospice care. The participation of community members was central to the development of the hospice movement in the 1960s and 1970s. The 1982 law that established the Medicare Hospice Benefit in the United States mandated that volunteers provide at least 5% of the total patient care hours that every hospice provides.[4] After a temporary waiver during the pandemic, the 5% volunteer requirement was reinstated by the Centers for Medicare & Medicaid Services in 2024.[5] Much of the 5% of care that volunteers provide consists of weekly hour-long in-home visits. Those weekly visits are my topic here.

Home-visiting hospice volunteers are not professionals, nor are they strangers or intimates. The hospice volunteer will not typically face moral dilemmas, nor be called upon to make dramatic decisions.[6] Nonetheless, hospice volunteering can exemplify a certain

in-between ethics – a subset of what Brownlee has called the 'ethics of interacting'[7] – that can redound to the wellbeing of all concerned. Or so I will try to explain.

In Section 3, I discuss the ways in which the non-professional status of hospice volunteers can facilitate virtues of attention.[8] In Section 5, I discuss the ways in which their non-intimate status can do so. In Section 7, I discuss how hospice volunteering can help in the cultivation of gratitude and a salutary attitude toward dying.

Between those discursive expositions I intersperse vignettes based on my own experience as a hospice volunteer. I hope the vignettes will give you a sense of the in-between ethical space I have in mind.[9]

2. Charles

I press the doorbell, wait two seconds, then turn the knob and walk in, as I have been instructed.

Outside is dazzling 11 a.m. sunshine, but I enter very late afternoon, the light weak and hazy through plastic sheeting on the windows. A voice calls out, 'I'm back here', the *here* stretched to two singsong syllables. 'But first would you be so kind as to doff your shoes?'

I take off my shoes and pad through the parlor. There is a dark green Chesterfield couch, a wingback chair, two floor lamps with fluted smoked glass shades, Persian rugs. Normally I wouldn't consider the front room of a mid-century ranch house to be a 'parlor', but in this case the word fits.

There are also cardboard boxes. Many cardboard boxes. I will eventually come to see that they are actually cardboard filing cabinets, each with two columns of eight miniature drawers. On the front of each drawer is a white label with black lettering, and a tiny knob to be pulled with the tip of forefinger and thumb.

Past the parlor is the kitchen and what would have originally been the dining area, which is now occupied by a large recliner-chair and a bedside table.

He is in the recliner, lit by a lamp on the table. Beneath the table a humidifier hums and hisses. On the table are pill bottles, a weekly pill organizer, a bowl of leftover oatmeal.

'Hello', I say. 'I'm the volunteer from hospice, come to visit'.

'Hello there. My name is Charles, and I thank you for coming. Welcome, please take a seat'. He gestures with a flourish to a wooden chair. 'I'm ninety-two and I have cancer, so you will appreciate that I do not shake hands'.

'Of course. I understand'.

In the dining area are more of the cardboard boxes. Charles notices that I notice them. 'You are wondering about the boxes all about the place. Maybe you are wondering if I am one of those *hoarders*. Well, I am not a *hoarder*. Contained within those boxes are carefully classified items that as a whole constitutes what I contend, admittedly with some self-aggrandizement but maybe not much exaggeration, to be the world's finest private collection of pre-revolutionary war Mexican postage stamps'.

3. Hospice Volunteers as Non-professional

The hospice volunteer is not a healthcare professional, not a doctor, not a nurse. Hospice volunteers are not qualified to give the kind of logistical advice that a social worker,

administrator, or estate planner can provide, nor offer the spiritual guidance of a minister, rabbi, or imam. They lack any expertise that could be of use. But far from being a disadvantage, their non-professional status affords volunteers a unique opportunity to cultivate the virtue of full attention.[10]

We exhibit the virtue of full attention when we focus all our conscious awareness on another person. Noddings calls this 'engrossment', the state of being entirely engrossed in the other.[11] Murdoch conceives it as the perception of an individual's irreducible particularity, through which one can come to realize 'that something other than oneself is real'.[12] In giving others our full attention, we respect their value as ends in themselves, and acknowledge their dignity. We engage with them in a manner that is the exact opposite of acting as though they do not exist.[13]

The virtue of full attention is often paired with altruistic action. Noddings, for instance, says that when I fully attend to someone, 'I feel, also, that I must act accordingly; that is, I am impelled to act as though in my own behalf, but in behalf of the other'.[14] But non-professional hospice volunteering is unusual in that it separates full attention from the motivation to act. It asks us to not do something but *just sit there*.

There is a difference between the time of a professional and the time of a volunteer. Professional time is valuable because of what can be accomplished. Professional time costs money, and we want to spend less money. So we aim to use professional time efficiently, to conserve it. Professional time can be wasted, so we try not to waste it. But hospice volunteers are not qualified to accomplish anything. Their purpose is just to spend time with the person – to *be with* rather than *do for*.[15] The time they spend with the person cannot be wasted because spending time with the person is all they are there to do.

There is real value in moments of attending to someone without any expectation of anything's being fixed; real value in temporary liberation from the tyranny of judgment about what is and is not working. In the case of people who are dying, in particular, such moments can be respite from the burgeoning medicalization of the end of life.[16]

The full attention of a volunteer is also free of the power dynamic characteristic of many professional encounters. Professionals have expertise and are on the clock. This can create an interpersonal inequality between a patient and even the most considerate and self-effacing of professionals. One party has something that they are there to bestow on the other. To be on the receiving end of such an interaction is not necessarily humiliating, but it is hard for it not to be at least somewhat humbling. There is nothing humbling about spending time with a non-professional volunteer.

In *The Wings of the Dove* Henry James describes a meeting between a doctor and a sick woman. Having 'ten mere minutes to give', the doctor sets on the table between him and the woman a 'crystal-clean cup of attention'. James's metaphor highlights the purity of the doctor's attention. But it also captures his attention's sharply defined limits. During the patient's bounded time, she will try to restrict herself to talking only about what will be relevant to the doctor's expertise, to hone her interaction to fit into the cup. The person you visit as a hospice volunteer does not need to do any honing. Your conversations can flow in any direction, can jump and slide and pour wherever. Your attention is receptive to any aspect the person wishes to share.[17]

Loved ones who are caring for the person might also wish to pay that kind of attention. But despite their best intentions, caregivers simply might not have the time or bandwidth for an uninterrupted hour of non-caregiving.[18] *Being with* is a luxury caregivers may not be able to afford but which volunteers are graced with.

Because of their non-professional status, many volunteers find it inapt to refer to the person they visit as a *patient* (let alone as *my patient*).[19] Patient derives from 'passive', carrying with it the idea that the person in question is being acted on by someone else. That does not completely misrepresent a person's relationship with a doctor or other healthcare professional. But hospice volunteers do not do any acting on the person they visit. The relationship is not that of agent-to-patient. So what term should be used? One hospice I volunteered with instructed us to use *client*. The transactional nature of that word – the implication of an exchange of service for compensation – seemed to me no better than patient, and probably worse. I generally find myself referring, inelegantly, to 'the person on hospice' or just 'my person'. Not a great solution, I know, but I have not been able to figure out anything better.

4. Arthur

I walk through the massive front door of the Victorian house. Then into an entrance chamber. Then into a foyer. At the far end of the foyer is an unlit hall, something between an afterthought and a secret passageway. This leads to a door that opens to the 1970s addition where Arthur now resides.

He is wearing his tweed jacket and sitting in his tweed chair. 'Hello my friend', he says. 'Thank you for coming'. Arthur is thin and frail. His lungs are weak. He sometimes has trouble speaking for more than ten seconds without a coughing fit. Even so, his broad shoulders and sonorous voice still suggest a commanding presence.

'Wonderful to see you Arthur'. I touch his shoulder lightly, then sit on the couch beside him. 'Did you watch the news this week? Did you see the bridge collapse in Baltimore?'

When I first started seeing Arthur, I began our visits with some version of 'How are you doing?' or 'How have you been this week?' But that was the wrong opener. 'Terrible', he would invariably say in response. 'Just awful'. He would frown, shake his head, look at his feet. I would try to say something empathetic, give him the opportunity to open up more, but things just sort of shut down. If, however, the two of us could find our way to an impersonal topic of interest, something other than how he was feeling, his whole energy would change. He would sit up straighter, lift his eyes to meet mine, gesture with his large hands, find his conversational stride. Various topics would work: his childhood on a farm in the French countryside, his four children and six grandchildren, hiking in the Alps. And industrial disasters.

In Arthur's room are dozens of scrapbooks with carefully cut-out newspaper articles from the 1960s to the early 2000s. At the back of each scrapbook is a handwritten index. The articles cover major world events, local occurrences, and notices about Arthur's friends and family. But the most conspicuous thread is reportage of catastrophe: failing dams, oil spills, plane crashes, nuclear power meltdowns, train derailments, bridge collapses.

Arthur was a mechanical engineer. He is keenly interested in very large manmade structures: how they work, and why they fail.

So at the beginning of today's visit I ask him about Baltimore.

'Oh yes', Arthur says. 'I saw it. An amazing thing. Impact on one pier and the whole bridge collapsed. Through truss bridge. Fracture critical construction'. He taps several

times on the arm of his tweed chair before delivering the stern moral: 'No redundancy in load bearing'.

'I read that the ship's power went out for a moment as they were approaching the bridge, and they lost the ability to steer. That's why they hit it'.

'I know what that's like. On a cargo ship from Newark to Tunis. Hour out of port. Engine cut out. Adrift. But we fixed it. Stuck fuel rack'.

'You were on a cargo ship from Newark to Tunis? When? Why?'

'Nineteen fifty-three. Working for Harris Corporation. Hired by the Tunisian government. To expand their port. They needed a diesel electric dredger. Built it in Glasgow. I was heading the instalment team'.

'A diesel electric dredger?'

'Cutter suction design'.

'Can you explain to me what a diesel electric dredger is? And what does it mean to have a cutter suction design? Also, Tunis in 1953. What was that like?' He coughs for an extended period, gripping both arms of his chair. It takes him a spell to recover. Then, raising a finger, he says, 'First, diesel electric dredger. Then, Tunis'.

5. Hospice Volunteers as Non-intimate

Hospice volunteers are not only non-professional. They are also non-intimate, neither family nor friend. This might seem to severely limit the value of their visits. Why would the arrival of an unqualified outsider be an inviting prospect for the person or the person's family? It sounds like a recipe for encounters that are artificial and awkward rather than worthwhile or pleasant. But actually, the hospice volunteer's coming in as an outsider turns out to have its special benefits as well.

'Love is a constant interrogation', writes Milan Kundera. 'In fact, I don't know a better definition of love'. The point I take from Kundera is that we care deeply about others' being sincerely interested in us. We feel valued when we talk with someone who truly wants to hear what we have to say – and is not simply letting us talk about ourselves just long enough to justify their talking about themselves. We cherish another's curiosity.

Arriving as an outsider affords the hospice volunteer exquisite opportunity to cultivate this virtue of curiosity.[20] As an outsider, the hospice volunteer starts out knowing next to nothing about the person they have been assigned to. They do not know the details of the person's job or family. They probably know nothing about the person's childhood, their favourite books and movies and music, their memorable holidays. Little or nothing about the activities to which they have devoted heart and mind and to which the piffling word 'hobby' does not do justice. Nothing of their first meeting with the one who would become the love of their lives. The person can relate all this from scratch. The hospice volunteer just has to be a listener who is curious.[21]

It is not hard. Virtually every person, when they're talking about what matters most to them, is interesting. Fascinating even, with stories and enthusiasms equal to the most riveting of novels.

It is not hard, but a modicum of planning can help. I kept notes in a small pad I would glance at a few moments before heading off for a visit. When Sam mentioned in passing that he switched jobs when he was 37, I reminded myself to prompt him at some point to tell me more about what led to the change. When I saw on Arthur's bookshelf a row

of seven novels by the same author, I copied down the name so that I could ask him about the author at a later visit. Before going to Charles's, I would do a few minutes' internet research to equip myself to be a somewhat more active participant in the seminars he delivered each week on the Mexican Postal System: 1870–1910.

Nor is pure talk the only option. Other activities can help carry the conversational load. With Bill, a lifelong St Louis Cardinals fan, I timed my visits to coincide with broadcasts of Cardinals' games, during which we grappled together with issues momentous: the ramifications of designated hitters in one league but not the other, the ranking of pitchers present and past, the efficacy of extreme infield shifts. Sam, an avid poker player, gave me tutorials in Texas Hold 'Em, during which he would regale me with stories of the audacious wins he'd scored over the years, and the freakishly unlucky losses. Arthur belonged to a chess club for 30 years, and (when he was up to it) we would play, both of us so focused on our moves we would usually end up surprised to realize we had gone well past the hour mark. Marion and I watched afternoon reruns of Gunsmoke and wondered together during the commercials about the relationship between Matt Dillon and Miss Kitty.

But what of the fact that these people were dying? Wasn't that something we talked a lot about? As it turns out, not really.

The people I visited were well aware they were dying. It was not unusual for them to remark it. Charles would regularly mention that as a Christian he had no fear of death. Bill mentioned not being around for the next season of Cardinals baseball. In the moments spent recovering from his mighty struggle to take three steps and sit down in a chair, Arthur would often say something to the effect of, 'I don't see the point of this going on much longer. I'm ready to be done. I think it will be very soon'.

But dying was not something we talked about for long or in much depth. I aimed to be alert to it, and to signal my receptiveness to discussing it. At the same time, I did not want to force the subject on them. I wanted to talk about it if that was what they wanted, but only if that was what they wanted. The result was that we ended up spending most of our time on other topics.

Hospice volunteers in some studies report experiences similar to mine, their visits mainly taken up with stories, anecdotes, reminiscing, chat.[22] At the same time, hospice volunteers in other studies report that death and existential issues do play large roles in their visits.[23] What might explain this difference?

I suspect at least part of the explanation for why the people I visited did not talk a great deal about death is the demographic they belonged to.[24] Most of them were men born in the 1920s. The stereotype of that group is of stoic, just-get-on-with-it types who do not dwell a great deal on their feelings. The men I visited fitted that stereotype reasonably well.

They were also, to put it bluntly, old. Indeed, by the time I visited them, they had been old for a long time. That they were nearing death was not news to them. Daniel Callahan maintains that while the death of a young person is a tragedy, the death of someone who has lived the full span of a natural human life is not.[25] I think my octo- and nonagenarians would have agreed with Callahan. They seemed to consider their situation to be more a matter of fact than a tragedy. And I would suggest (at the risk of virtue-inflation) that following another's matter-of-fact lead – not being any more dramatic about a person's situation than the person is himself – is yet another virtue that hospice volunteering affords the opportunity to practice.[26]

I suppose some might describe our conversations as distractions from the reality they were facing. But I would resist that description. Nothing is more essential to a person's sense of self than their stories.[27] By the time someone is on hospice, they will have lost the capacity to do many of the things central to their identity. But they may still be able to talk – about their family, their past, their vocation, their avocations. The presence of a fresh pair of ears can help them feel more like themselves.[28]

I have said that hospice volunteers are not intimates. But isn't it possible that hospice volunteers will come to develop a relationship with their person that feels like friendship? Yes, that can happen, and a good thing it is. But there are several respects in which the relationship will remain different from what we typically think of as friendship. Unlike typical friends, hospice volunteers abide by 'rules and boundaries' set by an organization 'that has the power to end' the relationship.[29] Unlike typical friends, hospice volunteers are subject to prohibitions 'on buying or accepting gifts, and in lending or accepting loans'.[30]

Perhaps most significantly, the hospice volunteer relationship is 'one-sided'.[31] Friendship is typically characterized by mutuality. Attention and curiosity may not be perfectly symmetrical between friends, but they usually are, at least to some extent, two-way. In the hospice volunteer relationship, in contrast, attention and curiosity are designed to flow in one direction. As a hospice volunteer, the time you spend with your person is about them. There is no expectation that at some point it will become about you – no expectation that it need ever become your turn.[32]

There is another benefit of a volunteer's in-between status that I want to mention. It is something suggested by a comment I heard from caregivers of literally every person I visited: 'It was so good for him to have a reason to get up and get dressed'. Even when the hour's visit is far from sparkling, so caregivers say, the day is improved by the person's having to prepare and be present for a visit. Here's what I think lies behind that.

People with terminal disease are in danger of suffering from self-pity and a loss of dignity due to social isolation, loneliness, and boredom.[33] Not getting up courts that danger. Whatever sense a person might have that he is nothing more than a dying patient is likely to gain momentum from a day spent entirely in nightclothes during which he interacts only with those providing him one kind of care or another.

The visit of a volunteer can go some way toward combatting that. The volunteer's nonprofessional status makes it a visit, not an appointment, creating an expectation of sociability. The volunteer's outsider status imparts to the visit a measure of formality, making it an occasion for the person to collect himself, to make himself presentable. And to stem the momentum of self-pity and loss of dignity, one could do worse than give someone a reason to prepare for a social visit by collecting himself and attending to his presentation.[34]

6. Sam

Sam was in the infantry during the Korean War. He worked in an automotive frame factory in the 1950s, then moved into delivery driving in the '60s. By the early '70s he had become a long-haul trucker.

'The big moment', he is telling me, 'the really big moment, came in '74, when Nixon, ole Tricky Dick, lowered the speed limit to 55. Fifty-five goddamn miles per hour! Do you have any idea how slow that it is? That is sloooow. No way in hell we were gonna stick to that speed. When you're running, time is money'.

Sam lives in a family house that has been reconfigured into a care home for five elderly occupants. Sam does not want to sit in his room, and to be honest, neither do I. It is messy and odorous, and there is space for only the bed and one chair. Nor does he want to sit in the common room 'with all those old biddies'. (The four other occupants are women.) So we have decamped to the back patio, sitting in white plastic chairs under a frayed awning. Sam has brought out a bag of sunflower seeds. From the glances I catch of the two workers as they go about their business, I surmise that Sam's habit of spitting shells to the ground is none-too-popular with staff.

'What sort of things did you transport?'

'Any goddamn thing they'd pay me for. And some of the stuff was crazy, I can tell you. Dead animals. Weapon parts. Crates of bibles, ha! Once I hauled bags and bags of packing peanuts, filled up the whole box and weighed next to nothing. But I guess the damnedest one was in '78, outside Dallas'.

Sam had been a smoker, and it is easy to imagine that this is a moment when he would have drawn deeply on a cigarette. But he cannot smoke here. He pops a sunflower seed in his mouth and spits out the shell.

'It was a private job for an oil millionaire and his lady-friend'. He proceeds to spin a yarn about a trip back and forth between Texas and Las Vegas that includes cop evasion, call girls, and a craps session that turned 500 dollars into 5,000.

'Wow', I say. 'That was quite a time. When you were driving in the '70s, that's when the whole CB craze was going, wasn't it?'

'Yeah, that's right. CBs weren't for just fuckin' around then. With the goddamn 55 speed limit we had to know where the cops were laying traps just to make our runs count. That's why we all had handles. Couldn't use real names'.

'What was your handle?'

Sam fixes me with a stare and then grins. He spits out a sunflower shell, watches it fall to the ground, looks at me again. 'I was *Big Johnson*'.

7. Gratitude of the Hospice Volunteer

Many find hospice volunteering rewarding. Volunteers' in-between role contributes to that.[35] It can be a relief to just *be with* somebody, without the expectation of anything's being fixed. It is delightful to learn about the universe of another human being. Interactions that are not at all about you can be refreshing. And most humans enjoy making other humans feel better. (Some hospice volunteers say that they do not think of what they do as altruistic because they get more out of it than they give.[36])

But one element of hospice volunteering may still seem daunting. People on hospice are dying. To be with someone as they are approaching death is distressing. We should face such situations with compassion and courage when a person already in our life is dying. But it is something we hope doesn't happen. Why would we want to bring more of that into our lives?

Hospice volunteering is not for everyone. It would be emotionally untenable for some. But it is not as difficult to handle as you might think. For there are significant differences between confronting the death of a loved one and being a hospice volunteer.

For starters, being assigned to a person on hospice is nothing like learning that a loved one is dying. Learning that a loved one is dying is news of the gravest significance, a

challenge to come to grips with. Being a hospice volunteer is not like that. Before you even know who the person you will visit on hospice is, you know they are dying. Their diagnosis is not something to which you have to adjust.

Knowing from the start that the person is dying also changes how their death affects you. It will affect you. You will have come to care for the person, and so you will be sad. But your sadness will not be grief.

Grief is a wound. A rupture. A profound disorienting. Someone who has played a crucial role in your life is no longer there. You cannot proceed as before. You have to find a new way of being in the world. As Michael Cholbi has explained, when someone close to you dies, you may have to renegotiate your very sense of self.[37]

The journey of grief is not something you go through upon the death of your person on hospice. As much as you may have come to care for the person, your relationship was from the start predicated on their limited life expectancy. You will be sad when the person dies. But it will not be an upheaval to how you live or who you are.

Along with that sadness, moreover, will come gratitude. You will have gained entrance into the universe of the person you visit. You will have been transported to times and places that would otherwise have remained inaccessible to you. You will have had revealed to you interests and passions you never dreamt of. This is something to be grateful for.

Grief is important. It is integral to our humanity, not a disease to be eradicated. All the same, grief is something we hope eventually to get through – get through to something else. That something else is not numbness, nor is it indifference, nor is it forgetting. I do not know what that something else is. But I think we could do worse than to consider the sadness-that-comes-with-gratitude as an aspect of what we hope to get to when we get through grief. Hospice volunteering gives the heart experience of that sad gratitude. It affords the opportunity to practice and cultivate that response to the death of people we care about.

There is, as well, evidence that hospice volunteering not only acclimates volunteers to the dying of others but also transforms their attitudes toward their own mortality.[38] This is partly because hospice volunteering serves as a powerful memento mori: it heightens awareness of the fleeting preciousness of life, strengthens the resolve to embrace the day. And while the memento mori is a very old idea, there is a respect in which hospice volunteering is a particularly apt way to deal with death-anxiety in the modern world.

In the modern world many people can go much of their lives without engaging directly with the dying process. The unknown-ness fuels anxiety. Spending time with a person on hospice can take an edge off that, especially when the dying person meets the moment with grace, courage, and wit.

Spending time with a person on hospice can also reveal that while pain and suffering may be part of the last few months of life, they need not be the only parts. There can be deepened connections to loved ones, moments of self-discovery, opportunities for spiritual growth. And there can be the real human joy of chat. Hospice volunteering offers a view of how we can live our lives well right up until we die.

8. Thomas

Thomas lives in a well-appointed assisted living facility in Phoenix. He moved there eight years ago, after his wife Jane died, to be near his daughter Liz. For the 82 years before that, Thomas lived in Coventry, England.

On the table between the two of us are cups of tea and a package of the chocolate digestives Liz makes sure Thomas always has on hand. Thomas is telling me how he met his beloved Jane.

'It was June of 1948, I was 22. The place to meet girls then was the palais. Do you know what I mean? The local dancehall. It was a very conducive locale, a place one could approach a girl one didn't know, ask her to dance, and not be accused of philandering. Very conducive'.

'And the girls would say yes even if they didn't know you?'

'Certainly. Because, you see, they loved to dance, many of them, and they couldn't dance alone. They had to have partners. So one could approach girls without acting the wolf. Very conducive. I don't know how young people manage it today'.

'Internet dating', I say.

'Well', Thomas says, with tone and gesture that indicate despair at the state humanity has come to.

'Was there one particular dancehall you went to?'

'Of course. The Rialto. Every Saturday. And on Wednesdays when it was free for the ladies'. He points a shaky finger to my cup. 'Would you like another tea? I can call the attendant. More biscuits?'

'No, thank you. One cup and two biscuits is plenty for me. So you went to the Rialto on Saturdays and Wednesdays?'

'Yes that's right, and it was on a Saturday in June that I first saw Jane. It was probably around eight o'clock. We would usually go to the pub first and then go to the palais at about eight. Jane was with a group of other girls. They were probably drinking shandies. Girls mainly drank shandies in those days. I don't know what young ladies drink these days'.

'I don't either'.

'It was probably shandies. And we didn't know them, but it was the palais, which, as I said, was very conducive, so we went over and asked them to dance. In the pairing I ended up with Jane'.

Thomas raises the teacup unsteadily toward his lips and manages to get some tea into his mouth. He takes an extremely crumbly bite of chocolate digestive.

'The moment I took her hand to lead her to the dancefloor I was struck. Just struck. Her skin was so smooth! I could not believe it. It wasn't like anyone's skin I'd ever felt before. And she looked at me with these great green eyes. So green! My head began to swim'.

'Do you remember what song was playing?'

'But of course. It was "A String of Pearls". I was normally a very good dancer, but I had two left feet. I barely knew what was happening.

'When the dance ended she said to me, "I have just read the most wonderful novel. It's called *The Holiday*, by Stevie Smith. Do you know Stevie Smith? She's a wonderful poet." Of course I didn't know who Stevie Smith was and had never willingly read a poem in my entire life. But I said, "Yes, Stevie Smith, her poems are wonderful."

'We danced together for a while. Then she danced with some other fellows, and I danced with some other girls, as one does. My plan was to ask her to dance the last dance. If one danced the last dance with a girl, one could offer to walk her home. But at 10.30 I couldn't find her. Her friends told me that she had left because she had to wake early the next day. I later learned she was travelling to Devon to spend the summer with her aunt.

'That weekend I went to the library. I couldn't find *The Holiday*, but there was a book of Stevie Smith's poems. I checked it out and read them. I ended up renewing the book all summer.

'Meanwhile I kept looking for Jane at the Rialto. She did not show up in July, she did not show up in August. Then on a warm night in September, there she was, dancing with another fellow. I tapped him on the shoulder and cut in.

'I asked if she remembered me. She said she did, but I wasn't so sure. I said, 'We talked about Stevie Smith. A wonderful poet.' And then I recited, "Our Bog is dood, our Bog is dood/They lisped in accents mild/But when I asked them to explain/They grew a little wild".

'Jane laughed. That was the first time I heard her laugh. She said, "Yes, that is a wonderful poem".

'I walked her home that evening. Six months later we were married'.

'Just goes to show the power of poetry', I say.

But for the moment Thomas is in Coventry, not Phoenix. 'We had 58 wonderful years together', he eventually says. 'I was a very lucky man'.

9. Conclusion

There are spaces in between our exchanges with strangers and our relationships with family and friends, spaces not governed by professional obligation. A lot of spaces. We spend a great deal of our lives in them. It is worth our while to think about how to spend it well.

I have discussed one of those spaces, the hospice volunteer's home visit. Those visits are not commonplace. Most people will never be hospice volunteers, and no person will be on hospice more than once. But I hope this discussion can serve as an example of explorations of other in-between spaces – of other interactions that are neither impersonal nor intimate, nor governed by professional obligations. These could include in-between aspects of interactions in the medical realm that are not strictly speaking professional, even if one of the parties is a healthcare professional and the other is receiving medical care. They could also include certain types of interactions between students and teachers, or co-workers in large organizations, or row-mates on long airplane trips. Some elements of hospice volunteering – such as acceptance of death or giving people a reason to get dressed – will (hopefully!) not widely apply. But others – full attention, companionable curiosity, gratitude for learning about another human being – very well may. Cultivation of virtues of that sort might be particularly salient in our age of screens.

Time spent in the in-between spaces does not typically involve dramatic decisions or moral dilemmas. But it is worthy of philosophical reflection all the same. How we spend that time can have no small cumulative effect on the wellbeing of all concerned.

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NOTES

1 Toulmin, "Tyranny of Principles."

2 See Diamond Zolnierek, "Integrative Review"; Ziegelstein, "Perspectives," 4–5; Bjork and Hirsch, "Ethics."

3 In situating hospice volunteering in a third ethical space, I aim to confirm and extend the points on the 'in between' or 'liminal' role of the hospice volunteer made by Weeks *et al.*, "Hospice Palliative Care Volunteers," Luijkx and Schols, "Volunteers," and Vanderstichelen *et al.*, "Liminal Space." There are three background points I wish to make about this third ethical space. First, the three spaces are not natural kinds with clear delineations or necessary and sufficient conditions; the boundaries between them are quite blurry. Some of the features of hospice volunteering I will discuss, in particular, bleed into that of the relationship of friendship. But second, even while the features bleed into each other in certain respects, there are still differences between the hospice volunteer relationship and typical friendships that distinguish the former in important and interesting ways. I identify several such differences in sect. 5 and in footnotes 21, 29, and 32. Third, and perhaps most saliently for what follows, my main concern is to elucidate the third ethical space specifically of hospice care – the space between family caregivers and healthcare professionals that volunteers can fill (rather than to define in any sharp and general way the difference between the hospice volunteer relationship and non-hospice-related friendship).

4 US Government Regulations, "Conditions." See also National Alliance for Care at Home. "Frequently Asked."

5 Vossel, "Post-PHE."

6 I say that hospice volunteering typically doesn't involve dramatic decisions or moral dilemmas, but they can arise. See Berry and Planalp, "Ethical Issues."

7 Brownlee, "On the Ethics of Interacting," 701–2. See also Brownlee, *Being Sure of Each Other*, 17.

8 I am using 'virtue' in the Humean sense of a character trait that is useful or agreeable to its possessor or those in the possessor's close sphere of influence. Some deny that this Humean view captures what a virtue is, and nothing here hangs on the term. As Hume says, if those with different conceptions of virtue wish to substitute in another, less elevated term, such as 'merit', that would be fine.

9 The vignettes have all been fictionalized to preserve anonymity. Before submitting this article, I received approval from the College Research Ethics Committee, and I received a waiver for obtaining sponsorship for research related to health and social care. I sent the article to the hospices I volunteered with and received administrative approval from them. Where possible, I sent the article to the family members of those people on hospice whom I visited and received their blessing to go forward. I should acknowledge, however, that I did not ask the people I visited for their consent to use their stories, even in significantly altered form that would make identification of any individuals impossible. To be honest, it simply didn't occur to me, because at the time I wasn't planning on writing about my experience as a hospice volunteer. I sincerely hope that I have not betrayed the trust of the people I visited, and that they would have found nothing objectionable in my discussion. But I must acknowledge that there is a moral danger in my writing about our time together (even in significantly altered form that makes identification impossible) after they are no longer able to consent.

10 For discussion of 'full attention', see Weil, *Anthology*, 214.

11 Noddings, *Caring*, 17.

12 Murdoch, *Existentialists*, 215.

13 Noddings, *Caring*, 19.

14 Ibid., 16.

15 Dodd *et al.*, "'Being With' or 'Doing For'?," 3167. See also Vanderstichelen *et al.*, "Liminal Space," 5; Gardiner and Barnes, "Volunteer Befriending Services," 161; Söderhamn *et al.*, "Trained and Supported," 4; Claxton-Oldfield, "Hospice Palliative Care Volunteers," 810–11.

16 Downey *et al.*, "Volunteer Companionship," 403–4.

17 Ibid.

18 Gardiner and Barnes, "Volunteer Befriending Services," 162.

19 For discussion of the problem with labels like 'patient', see Brownlee, *Being Sure of Each Other*, 180–2.

20 Perhaps curiosity is simply another aspect of attention, which I discussed in sect. 3, and not helpfully thought of as a separate virtue.

21 Weeks *et al.*, "Hospice Palliative Care Volunteers," and Rodriguez-Prat *et al.*, "End-of-Life Conversations," report two other benefits of a volunteer's outsider status. First, patients can talk with volunteers about anyone in their lives (including about family members and friends) because the volunteers have no connection to any of them and can be counted on to respect confidentiality. Second, people can find it easier to discuss issues related to their impending death that might be upsetting and a burden for their loved ones and close friends to hear.

22 Dodd *et al.*, "'Being With' or 'Doing For'?," 3167; Vanderstichelen *et al.*, "Liminal Space," 5; Downey *et al.*, "Volunteer Companionship," 407–9.

23 Söderhamn *et al.*, "Trained and Supported," 4–5; Rodriguez-Prat *et al.*, "End-of-Life Conversations." It is possible that those volunteers who had more discussions of dying were meeting with people from different demographics (people who were younger) than my men born in the 1920s. It is also possible that many of them were meeting in hospice facilities with inpatients rather than in people's homes in the months prior to death. In my own experience of volunteering at hospice facilities with inpatients, I had conversations explicitly about dying at a greater frequency and in more depth than in my experience of the home visits I am discussing here.

24 As I have noted, it seems to me very likely that the character of my conversations was strongly influenced by the advanced age of the people I visited. Hospice visits with younger people would almost certainly be quite different. Another part of the explanation might be the demographic to which I myself belonged (middle-aged, male). I suspect, although I obviously cannot know for sure, that the men I visited would have had different conversations if their volunteer had been a different age or gender. See also footnote 23.

25 Callahan, *Setting Limits*, 207.

26 Houtepen and Hendrikx, "Nurses," describe virtues for nurses dealing with patients at the end of life, and they rely on the Aristotelian idea that every virtue is the mean between a deficiency and an excess. Using their framework, we can think of the virtue of matter-of-fact-ness as the mean between the deficiencies of 'underestimation' and 'reticence', on the one hand, and the excesses of 'solemnity' and 'emotionalism', on the other (ibid., 379).

27 For discussion of the value of stories, autobiographical reflection, reminiscence, and nostalgia, see Synnes, "Narratives of Nostalgia"; Beasley *et al.*, "Lived Experience"; Laskow *et al.*, "Narrative Interventions"; Hesse *et al.*, "Patients' Priorities"; Dodd *et al.*, "'Being With' or 'Doing For'?," 3167–9; Claxton-Oldfield, "Hospice Palliative Care Volunteers," 809.

28 See Downey *et al.*, "Volunteer Companionship," 407–9.

29 Thompson *et al.*, "To Befriend," 74. Thompson *et al.*'s findings concern the relationships of befriending programmes for people with mental illness, which, they maintain, should not be considered fully-fledged friendships; my suggestion is that we have the same reasons for not assimilating the relationships of hospice volunteering programmes to fully-fledged friendships. (See also Gardiner and Barnes, "Volunteer Befriending Services," 161; Siette *et al.*, "Befriending Interventions.") Keller ("Beyond Ideals") has developed an expansively pluralist account of friendship, which might be able to include some of these features, at least to some extent. But I would advert to my point in sect. 3 above, which is that friendships and the hospice volunteer relationships are not natural kinds with clear boundaries (not concepts distinguishable by necessary and sufficient criteria) but rather blurry categories that overlap to greater and lesser extents but nonetheless have some general differences that make meritorious qualities of one non-coextensive with meritorious qualities of the other.

30 Thompson *et al.*, "To Befriend," 75.

31 Ibid.

32 A referee asks the important question of whether the people visited themselves viewed their relationship with a hospice volunteer as 'in-between', or whether perhaps from their perspective, the relationship was 'intimate', given that they were sharing so much of themselves in their home right before death. This raises the interesting issue of what characterizes intimacy. The point I wish to make is that the relationship I am discussing does not fall squarely into the category of the intimate, nor squarely into the category of the professional or impersonal, but rather partakes somewhat of both sides, occupying an in-between space (see Weeks *et al.*, "Hospice Palliative Care Volunteers"; Vanderstichelen *et al.*, "Liminal Space"). With regard to the particular question mentioned above, the hospice relationship can overlap in important ways with intimate relationships insofar as the motivation the person has in sharing stories may be an expression of liking toward the volunteer (see Inness, *Privacy*, 75–90). But at the same time, the hospice relationship does not belong fully in the category of the intimate because it lacks the features of mutuality, sharing, and reciprocity that are included in virtually all characterizations of intimate relationships (see, for instance, Fried, "Privacy," 480; Telfer, "Friendship"; Thomas, "Friendship," 223–7; Inness, *Privacy*, 90; Sherman, "Aristotle," 596–600; Cocking and Kennett, "Friendship," 502–3; White, *Love's Philosophy*, 16, 27). A volunteer may refrain from sharing any of his or her own personal details and stories with the person; it may be the case that the volunteer and the person do not share evaluative perspectives, nor do anything to transform each other's values; they may not engage in similar activities; they may not have nor construct a shared history. (Oakley and Cocking, *Virtue Ethics*, 95, distinguish medical professionals' relationships with patients from friendships, in part, by noting that friendship requires *liking* someone, while members of a medical team should not have to *like* a patient to do their job. I am not sure whether a hospice volunteer needs to like the person they visit to fulfil their role well.) Another way in which the hospice relationship overlaps with but is not the same as an intimate relationship is that while the activity the volunteer and the person share does not aim to solve any particular problem – and thus is not a

mere means to achieving some end that can be defined independently of the activity itself – it is at the same time not entirely independent of an 'extrinsic end' (Inness, *Privacy*, 83), namely, the end of providing a legally mandated and institutionally structured aspect of home hospice care.

33 Dodd *et al.*, "'Being With' or 'Doing For'?," 3169; Vanderstichelen *et al.*, "Liminal Space," 5; Gardiner and Barnes, "Volunteer Befriending Services," 159–62.

34 Gardiner and Barnes, "Volunteer Befriending Services," 161–3; Vanderstichelen *et al.*, "Liminal Space," 5–9; Claxton-Oldfield, "Hospice Palliative Care Volunteers," 810; Downey *et al.*, "Volunteer Companionship," 403–4.

35 See Vanderstichelen *et al.*, "Liminal Space."

36 Claxton-Oldfield, "Hospice Palliative Care Volunteers," 811.

37 Cholbi, *Grief*, 30–37.

38 Claxton-Oldfield, "Hospice Palliative Care Volunteers," 812; Scott *et al.*, "What it Means," 173–4; Rodriguez-Prat *et al.*, "End-of-Life Conversations," 532–3.

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