

## Letter to the Editor

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In this journal, there are crucial references to museums in connection to palliative care. Museum art re-enables the ability to return to childlike amazement, to be astonished, to “still paint the last portrait of our patients’ lives” (Julião et al. 2021, 381) – that is, to project the possibilities of curating oneself in the midst of suffering or illness (hence, curating and/or suffering). Here, illness should not become an ethical hindrance for reexpression but a viable phenomenological method to uncover deeper existential – or return to ontological (Kahambing 2022a) – meanings. This article thus attempts to expose more clearly such curation possibilities in order to provide explicit grounds for the nexus between palliative care and museums.

In reviewing the museum-related ideas in this journal, what lies at the core of curating amidst suffering is the question of meaning. Museums, according to meaning-centered group psychotherapy, forge the connection to the beautiful (Fraguell et al. 2018). Moreover, museums are part of the immersive experiences to get the community better in rural palliative care (Pesut et al. 2014). Some patients find meaning in returning to museums as an “unfinished business,” curating the end of their lives in co-constructing meanings with it: that is, curation hinged on the idea that “our responsibility as human beings is to live life to its fullest potential, to construct a life of meaning, identity, direction, growth, connection, purpose, and fulfillment” (Masterson-Duva et al. 2020, 641).

Furthermore, this is also extended to those who accompany and support the patients: their families and loved ones. As a form of participation in the experience of bereavement support, parents who lost their children from illnesses like cancer also become curators when they keep tangible stuff linking memories to their children. One parent, for instance, says: “I still have a little museum [with my child’s belongings] in my house” (Berrett-Abebe et al. 2017, 354). This can further be applied not just to humans but even to pets.

Museum-based education has “great promise as a pedagogic strategy to improve metacognition, tolerance of uncertainty, appreciation of multiple perspectives, and teamwork among hospice and palliative care professionals” (Zarrabi et al. 2020, 1510). The Michael C. Carlos Museum on the Emory University Campus, for example, facilitates a course on the “art of palliation” as a “novel, interprofessional museum-based” approach that seeks to address *perception, attention, empathy, communication, implicit bias, and resiliency* – putting a premium on the latter – in mitigating suffering for patients with serious illness. In the V&A museum at Dundee, the palliative care patients themselves work like curators in that they conceptualize and redesign a communal space.

But concerning those who have an encounter with death or those who had seen death in their communities within an experience of tragedy, curating becomes an act of preventive medicine carefully treading the sensitive nature of personal suffering. While survivor-curators themselves acknowledge the intergenerational necessity of portraying resiliency amidst tragedy in their museums, there is also the sense in which “survivor-visitors,” so to speak, have complex histories with different personal accounts of trauma (Kahambing 2022b).

Recently, “breaking death-denying taboos and promoting occasions for awareness and reflection about death has been argued to have beneficial effects” (Lindqvist and Tishelman 2015, 7). It seems then that relationship between curating and suffering is more vivid as “curating and dying,” which showcases not art in objects but involving oneself in the art, referencing the manual *Ars Moriendi (The Art of Dying)* written probably by a Dominican friar (Espí Forcén and Espí Forcén 2016). For curator O’Neill (2012, 69), this explores the ways in which curation can act as “the primary cultural work of creating meaning in the face of human mortality.”

The term “curator” comes from the Latin *cura*, which means to “take care.” An important shift that curators can then ask is not “what do curators take care of?” but, as Harrison et al. (2016, 3) ask, “to whom are curators responsible?” It can be clarified here that this does not only point to bosses, sponsors, or philanthropists, but to people – especially to the people who need the museum most. In short, to those who are in touch with the sense of loss, suffering, and death: those who need *care*.

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