

CHAPTER 1

IN THE BEGINNING

Is death ever preferable to life? Asking that question may say something about a society needing to define its priorities so that individuals have some ground rules for how we are expected to live together in that society. The question may also represent an individual's quest to determine how high a value he will put upon life, both in terms of his own life and other peoples lives for which he may be given responsibility by society. An example is when a duty of care is established between a doctor and a patient.

Life and death issues will present themselves in many aspects of a society's functioning and are the most basic issues that a society has to face. All the other decisions that a society makes about how its individuals will live together are predicated upon those individuals being alive. Conversely, attitudes that society has towards other issues may impact upon its decisions regarding life. For example, does the fact that our society treats many old or broken commodities as disposable, impact on attitudes to life?

For some societies the survival of the community may be the motivating consideration. The well cited stories from the early 1900's of the Eskimos who lived inside the Arctic circle practicing female infanticide because priority was given to sons who would become hunters and providers, or of leaving the elderly in the snow when they were unable to keep pace with the tribe's migration in search of food, were practices designed to ensure the survival of the community¹.

In our society issues of death become prominent from time to time. A good example is capital punishment. This is considered the ultimate form of punishment, not, I suspect, because of the suffering it causes, since various tortures cause far more suffering than quick executions, but because of its irreversibility. We are powerless to reverse death, which is partly why we are in awe of it and mostly fear it. Irreversibility means that before making the decision to take the life of another, we would want to go beyond reasonable doubt, to having no doubt about the correctness of the decision. Even then, in the Judeo-Christian ethic we may ask whether life is ours to take.

The other great societal debate is over euthanasia. Similar questions apply. Are there any options left for making life meaningful prior to death, since death will close all further of life's options?

The public discussions on death issues are difficult. They often occur at highly emotive levels between people with strong convictions, who fail to actually engage each other in debate. Yet, on both sides of the euthanasia issue, there are good arguments that must be refuted or defended if they are to be persuasive. I will explore many of these arguments.

Many people will not participate in discussions centring on death. Many of my patients being treated for cancer have some of their most difficult moments dealing with the reactions of others people to their diagnosis. They invariably report that some friends or relatives ignore them. Death has come too close to home and rather than be faced with their own mortality, these friends and relatives avoid the discomfort it brings them. In the public debates on topics of death, people are also able to distance themselves from participation. One manifestation of this is the “medicalisation” of the euthanasia debate. In most euthanasia law reform proposals it is assumed that the doctors will be part of the decision about the suitability of a candidate for euthanasia and will be responsible for providing euthanasia for the individual concerned. This may be rooted in the involvement of medical practitioners in the definition of death, as I will discuss. I am not suggesting that it is an unreasonable proposal but simply that it removes the rest of society from the personal impact of the nature of the decision being made and executed. It is also possible that medical practitioners involved could shield themselves from the magnitude of what they are doing by focussing on the procedural aspects of the process rather than the moral dimensions.

In many cultures, and in past years in our society, much of the education and discussion about death occurred within the nurturing environment of organised religions in the context of wider spiritual education. With less of the population now actively involved with religious groups, the discussion about death has spilled more into the social and political arenas. However, many burial rituals and the respect shown to the dead are still part of secular society and I will discuss possible interpretations of these.

I have suggested that individuals often bring strong views to discussions of life and death issues. It is therefore reasonable that I should declare my motivation for exploring whether death is ever preferable to life. Firstly, I approach this from the perspective of a practising medical oncologist and director of a cancer centre. In that role I have had the privilege of sharing the experiences with thousands of patients who face a diagnosis of cancer which will change the planning of their lives and may confront them with the prospect of a premature death. I have been inspired by how they value each day of their remaining life. It is the marriage of this day by day practical perspective with the more formal philosophical commentaries on issues of life and death that is the main aim of the ensuing discussion. I have attempted to keep it focussed on the practical consequences of the bioethical positions held.

Can an individual commentator take a neutral value system into such a discussion and act as a detached observer? I do not believe so. I have alluded to this in chapter 4 on autonomy, where to assess whether an individual’s position is truly autonomous one may have to decide whether he has truly internalised the values he expresses or whether they merely reflect the subtle coercions of his upbringing,

education or the values of the society which surrounds him. I bring to my reflections on life and death issues a traditional Protestant Christian background with its reverence for life based on the relationship with the Creator. However, I do not believe that the public debate is advanced by arguing from a particular belief system since it will soon reach a position where there is no common ground. I therefore accept the challenge of defending a position on the value of life using rational secular argument that could serve to strengthen a position held by faith, or force a modification of that stance. I recognise that views on life and death issues change with age and experience. I have observed that my older patients are more circumspect about treatment options that offer only modest impact on the duration of life. Indeed, my standard reply to the question from older patients seeking to know what I would do in their position, hinges on the different perspective of having less experience of life and greater expectations of life in the future than they may have.

DEFINING DEATH

I will commence the next chapter by discussing the definition of death. I could have started with trying to define life, but the real purpose of the exercise is to explore the boundary between the two. We will need to separate the concept of when we are dead from the criteria used to judge death.

Society's concept of death is dynamic, but it is only relatively recently that it has had to examine and modify long held views. There was a simplicity about a notion that you were dead when your heart stopped. This combined a concept of death with a criterion for death that the man in the street could understand. The advent of assisted ventilation and cardiac pacing changed all of that. There also became a need for organs for transplantation, which required that the organs remained perfused for as long as possible so that they were viable when removed from the donor, prior to the transplant. Society began exploring a brain centred concept of death². This is a difficult transition since there were traditional views of the value, even sanctity of life, which created discomfort when a degree of arbitrariness was apparent. Is there anything unchangeable about the concept of death? One unchangeable feature is its irreversibility.

The need to re-examine the definition of death forces us to think about the characteristics of human life. The philosophical concept of death being the loss of personhood perhaps fits best with a brain centred definition of death, but to practically apply this requires some correlation with dysfunction of either the whole or specific anatomical areas within, the brain³. Certainly this will be necessary if we are to develop criteria by which we can judge irreversibility.

Counter-intuitive anomalies arise if we focus on the function of a single organ to define death. I therefore wish to introduce the concept of a hierarchy of organ deaths. The death of each organ could be arbitrarily assigned a meaning for how society could treat an individual following the death of that organ, until such a time as there would be a general acceptance that a body is dead. Then, society's rituals surrounding respect for dead bodies can guide our behaviour.

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