The Medicalization of Death & Dying

Dr. Marcella Colbert

ABSTRACT: There are two basic understandings of what it means to be human and a person, and these two concepts underlie two diametrically opposed views on the discipline and practice of medicine, namely, Hippocratic Medicine and the New Medicine. This paper briefly shows some of the differences between these two approaches in regard to understanding death, dying, suicide and despair, euthanasia, killing and letting die, ordinary and extraordinary care, physician-assisted suicide, advanced directives and living wills, persistent vegetative state, brain and brainstem death, and terminal sedation. A gradual change from the Hippocratic to a "new" model of disease underlies many of the conflicts in ethical and moral decision making in our time.

PUT SIMPLY, there are two basic understandings of what it means to be human and a person, and these two concepts underlie two diametrically opposed views on the discipline and practice of medicine. One is the traditional approach to medicine that is associated with Hippocrates–it is crucial for the Culture of Life. The other account is associated with a new attitude to medicine and the Culture of Death.

The first account recognizes the human as a being with a body, soul, and spirit, a being that possesses a unity that is greater than the sum of its parts, a person, a self-conscious being, a transcendent being. This is consistent with the Hippocratic understanding of the patient as a human being with specific diseases or disorders of the body as distinct from the soul or spirit.[1] This was the basis from which Hippocrates formed his views on medicine as a discipline, a profession, and an art.

The second account, very prevalent in our time, holds that all that exists is material being, and that all meta-phenomena in humans (such as the intellect, moral conscience, and free choice) are to be accounted for as products of the body, particularly the brain. The

person is thereby reduced to something less than what the Hippocratic account recognized him to be. With the loss of recognition that human beings have such spiritual faculties as the intellect or the will, man seems only to be a very clever animal. He is no longer a personal subject. Man is objectified and has value only in what he possesses. He has no intrinsic worth.

One account sees human life as a gift, something sacred; the other sees human life as something to be manipulated. Living out these positions is what we mean by the Culture of Life and the Culture of Death, and in the context of medicine, we likewise find a contrast between Hippocratic medicine and the "new" medicine.

CULTURE OF LIFE AND THE CULTURE OF DEATH

From the time of Hippocrates (fl. 400 B.C.), the physician's prime duty has been to his patient: "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious or mischievous."[2] The physician is personally responsible for his acts and his advice to the patient. He recognizes absolute and objective moral norms to be associated with the practice of his art.[3]

Today, the physician has a "social commitment to sustain life and relieve suffering. Where the performance of one duty conflicts with the other, the preference of the patient should prevail."[4] The physician no longer accepts full responsibility for his patient "but will comply with the wishes of the patient or family or proxy," even against his own best judgment.[5] All morality is utilitarian; all truth is relative.

When the World Health Organization (WHO) in 1948 redefined health[6] as "a state of complete physical, social and mental well-being and not merely the absence of disease," the medicalization[7] of life was established. The moral sphere is subsumed under the medical, and acts that ought to be open to public scrutiny like abortion become private acts. The result is the therapeutic society.[8]

WHAT IS DEATH?

Hippocratic Medicine and the Culture of Life

"Only the loss of the vital unity of the organism can be taken as the sign of death."[9] The human soul, being eternal, can exist without the human body, but the human body cannot exist without the human soul.[10]

Throughout history, death has been understood as the end of earthly life, and in some way the entrance into eternal life. Death also includes the separation of the soul or principle of life from the body.

The "New" Medicine and the Culture of Death

There is no one legal definition of death. Basically, you are dead when a doctor says you are dead. Death is the complete end of life. According to the "new" medicine, nothing exists except the material, and so when the body dies, the person ceases to exist. This position in turn gives reason for the American Medical Association to declare that "there is no ethical distinction between withdrawing and withholding life-sustaining treatment, including food and drink."[11] This statement implies that under some circumstances the physician may directly kill his patient, whether the patient wants to die or not. In the Netherlands, patients are being killed without their consent by their physicians.[12]

DYING

Hippocratic Medicine and the Culture of Life

Dying is often due to illness or old age. It is associated with physical pain and may be accompanied by suffering, fear and despair. It is part of life. Help for the dying includes giving spiritual help, medical help, human and personal help and help with physical pain.

The "New" Medicine and the Culture of Death

When death is understood as the end of everything, suffering and pain before death have no meaning. When people are severely handicapped, although still alive, their lives have little meaning or value. Hence the growing practice of euthanasia, physician-assisted

suicide, suicide, and blurring the distinction between killing and letting die.

I will now briefly review various circumstances in which this blurring can occur, including: suicide and despair, euthanasia, killing/letting die, withdrawing food and drink, the use of ordinary/extra-ordinary means when a person is dying, physician-assisted suicide, advanced directives/living will, persistent vegetative state, brain death, terminal sedation, the cost of death and dying.

SUICIDE AND DESPAIR

Hippocratic Medicine and the Culture of Life

Life is inherently valuable and sacred, a gift from God. Suicide is directly taking one's own life. It is a very serious offense against God and neighbor Suicide is associated with major psychiatric illnesses that can be successfully treated, with pain that can be successfully treated and with despair. Despair—the belief that there is no hope for oneself before God—is a spiritual need that can be helped

The "New" Medicine and the Culture of Death

When death itself is meaningless, suffering prior to death makes no sense. Why should suffering people who are dying not kill themselves or be helped to do so? After all, one's life is one's own, to be disposed of as one sees fit.

EUTHANASIA

Hippocratic Medicine and the Culture of Life

Euthanasia is "the act[13] of deliberately ending the life of a patient, with or without the consent of the patient or his family. It is always wrong." The physician may allow the natural process of death to take its natural course but may not act in such a way as to cause death.

The "New" Medicine and the Culture of Death

Euthanasia is re-defined as the administration of a lethal agent by another person to a patient for the purposes of relieving the patient's

intolerable and incurable suffering[14] Euthanasia is said to be a gentle[15] and easy death. But the new medicine is here using words with changed meanings, so that what used to apply to the dog now applies to grandma—one puts her out of her misery. It now means voluntary ways of assisting in another's death.

KILLING/LETTING DIE

Hippocratic Medicine and the Culture of Life

Killing is the direct act (by commission or omission) of bringing about another's death. Letting die is foreseeing that a person will die, and doing nothing to either prolong or hasten death by direct means. Right and wrong can be objectively known, based on the natural law and revelation. The physician accepts personal responsibility for his conduct in the death of his patient.

The "New" Medicine and the Culture of Death

There is no ethical distinction between withdrawing and withholding life-sustaining treatment.[16] This includes mechanical ventilation, renal dialysis, chemotherapy, antibiotics and artificial nutrition and hydration.[17] Advance directives supercede physician's informed opinion; they are acted on even to the point of killing the patient (although the action thereby taken is not called by that name). The physician has general responsibility for the patient's death, based on current practice, protocol, etc. The distinction of killing/letting die is no longer used.

WITHDRAWING FOOD AND DRINK[18]

Hippocratic Medicine and the Culture of life

Food and drink are required for life. They should never be actively removed–-that would be direct killing by starvation. Now, dying patients may be unable to take food and drink and a patient may legitimately refuse food or drink. Towards the time of death fluids may simply flood a patient's tissues and thus make things worse; in this case, the withdrawal of fluids is morally necessary.

The "New" Medicine and the Culture of Death

This position tends to assume that food and drink are actually parts of the treatment rather than simply requisites for life. But doing this can allow one to say that food and drink can become extraordinary means of care. Withdrawing food and drink would then be a legitimate form of "treating" the dying.

ORDINARY /EXTRAORDINARY MEANS WHEN A PERSON IS DYING

Hippocratic Medicine and the Culture of Life

While food and drink are simply part of normal care, the ordinary means of medical treatment for a sick person include pain relief, human contact, spiritual comfort, standard medications, including antibiotics, insulin, etc. It may even include use of a respirator.

When Intensive Care Units became standard practice in the 1960's, physicians sometimes "over-treated" their patients when they did not recognize that their patients were actually dying and when they engaged in heroic surgery or other interventions. Today relatives occasionally get over-anxious that all is not being done and want to continue active intervention when it is no longer appropriate as the patient is dying.

The "New" Medicine and the Culture of Death

The physician accepts that the patient is dying. He does not realize medical intervention has changed to care for the dying He avoids such patients and provides no medical or spiritual interventions except death. The distinction between ordinary and extraordinary means has been lost. This leads to physician-assisted suicide.

PHYSICIAN-ASSISTED SUICIDE

Hippocratic Medicine and the Culture of Life

The dying should be cared for and their difficulties adequately diagnosed (e.g., depression, pain, despair, etc.). One should note that most high-profile cases of euthanasia involve women with chronic disease such as MS, ALS, etc., and not patients who are actually dying.[19]

The "New" Medicine and the Culture of Death

The patient's request to die is accepted at face value, and no medical investigation or appropriate referral is sought The physician prescribes medication that should kill the patient although it often does not. The patient takes the medication himself. The physician is in collusion with the patient in their death–-a direct killing.

ADVANCED DIRECTIVES/LIVING WILL

Hippocratic Medicine and the Culture of Life

The physician and the hospital must *do no evil* in following advanced directives, i.e., they must not directly kill a patient. The patient cannot foresee the future or be expected to understand current procedures or language on what is now called "end-of-life care."[20] In advance directives patients do not ask or believe they are asking to be killed by direct means.

The "New" Medicine and the Culture of Death

Advance directives are for the hospital and physician, not for the patient. They are used as the basis for patient's end-of-life care in hospital or hospice. "Do-not-resuscitate" orders can become orders for the direct killing of the patient, even though the brain-stem may be intact in many so-called cases of brain death.

PERSISTENT VEGETATIVE STATE

Hippocratic Medicine and the Culture of Life

"Persistent vegetative state" (PVS)[21] is a new name for a very old diagnosis. In chronic organic-brain-syndrome,[22]serious brain damage occurs with loss of cognition,[23] loss of perception with the ability to

communicate, loss of volition or loss of memory in a patient with an intact brain stem. The patients can breathe and support their own circulation. There are many reports of individual patients who, having recovered, tell of being conscious while in this state. Chronic brain syndrome takes many forms. These patients are not dying. To the contrary, they are living with a chronic disability.

The "New" Medicine and the Culture of Death

Life-sustaining treatment is now defined as "any treatment that serves to prolong life without reversing the underlying medical condition."[24] This definition re-defines all those patients who are chronically ill, from those receiving ordinary medical care to those undergoing life-sustaining treatment. Further, without the mental capacities described above, a person is no longer thought to be a person, but some lower form of human life; although they are still living, they may be killed directly. This is to re-define what it means to be a human being; a very serious slippery slope to killing others with brain syndromes such as Alzheimer's, Huntington Chorea, chronic schizophrenia, severe mental handicap, etc. When coupled with advanced directives and the withholding of food and fluids, this is a common form of euthanasia

BRAIN AND BRAIN STEM DEATH[25]

Hippocratic Medicine/Culture of Life[26]

A person's death is a single event involving spirit, soul, and body The defense and promotion of the integral good of the human person must be maintained. Informed consent of the donor must be obtained. Physicians who determine death *must not* be involved in organ transplants. Vital organs may only be removed after death; there must be no commercialization in human organs.

The difficulty is this: if the brain stem is dead but the patient is still breathing and has a heartbeat, although artificially maintained, he is still alive. Yet, for transplant purposes, the patient in this condition can have a living human body without a soul or spirit.[27]

The "New" Medicine and the Culture of Death[28]

Until recently, physicians ascertained death *after* the fact, based on the absence of a heartbeat and breathing, often accompanied by rigor and *post mortem* lavidity in the patient.[29] In the 1960's the physician was asked to make a prognosis on when the patient would die. Now the prognostic criteria are used as diagnostic of death itself, to diagnose death before the event.[30] Because of the need for fully perfused organs for transplantation, death is synonymous with death of the brain and brainstem. However, artificial means are used to keep the body alive. Death does not actually take place until the patient has a major organ removed.

TERMINAL SEDATION

Hippocratic Medicine and the Culture of Life

Pain can always be treated adequately without unconsciousness, with two rare exceptions: thalamic pain and some severe bone pain. Human suffering must be recognized and helped. The direct withdrawal of food and water is always unacceptable.

The "New" Medicine and the Culture of Death

With the use of increasing doses of narcotic medication over a period of days the patient is or becomes unconscious. Food and drink is withdrawn. This is becoming a common form of euthanasia.

CONCLUSION

The cost of death and dying is often the unstated factor. With a greatly increased elderly population and relatively few to care for them, the cost of staying alive is becoming prohibitive. The killing is going on only because the medical profession agrees to it. The profession is clearly accepting euthanasia, but this time it will be done without any change in the law.

NOTES

[1] Hippocrates of Cos, "On Ancient Medicine," trans Francis Adams, http://classics.mit.edu/Hippocrates/ancimed.mb.txt. Internet Classic Archives, consulted 7/6/05.

[2] Ibid.

[3] Ibid.

[4] AMA, E2.20: "Withholding or withdrawing life-sustaining medical treatment,"Http://www.ama-assn.org/apps/pf_new/pf_online; then click "1.04 Code of Medical Ethics"; then click "E-200. Opinions on Social Policy Issues"; then click "E2.20. Withholding or Withdrawing…"

[5] Ibid.

[6] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-20 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, #2, p.100) and entered into force on 7 April 1948. The Definition has not been amended since 1948. http://w3.whosea.org/ en/section898/section1441.htm.

[7] The term comes from Part II of Ivan Illich. *Medical Nemesis: The Expropriation of Health* (New York: Paragon, 1976), p. 39.

[8] Philip Reiff. *The Triumph of the Therapeutic: The Uses of Faith after Freud* (New York NY: Harper Torch Books, 1966).

[9] Bishop Elio Sgreccia, "The Subject in a Vegetative State: A Personalist View," wwwzenitenglish@zenit.org (24 April 2004).

[10] Ibid.

[11] Dr. David Hill, M.D., Consultant Anesthetist, Addenbrooks Hospital, Cambridge, England. Interview on "Transplants: Are the Donors Really *Really* Dead?" www.cmf.org.uk.pubs/helix/spr99/trans.htm. Withholding or withdrawing life-sustaining medical treatment, E2-20 AMA – see n.4 above.

[12] John Keown, *Euthanasia in the Netherlands in Euthanasia Examined: Ethical, Clinical and Legal Perspectives* (New York: Cambridge Univ. Press, 1995).

[13] "Declaration on Euthanasia," adopted by the 39th World Medical Assembly, Madrid, Spain (Oct. 1978) www.wma.net/e/pol.icy/e13.htm.

[14] AMA, "E2.00 Euthanasia," http://www.ama-assn.org/apps/pf_new/pf_online; then click "Code of Medical Ethics (1-04)"; then click "E-200 Opinions on Social Policy Issues"; then click "E2.21 Euthanasia."

[15] *Oxford English Dictionary* (Oxford: Oxford Univ. Press, 1975), p. 357.

[16] AMA, "Decisions near the end of Life." H-140.966 http://www.ama-assn.org/apps/pf_new/pf; then enter under search term(s): H-140-966; then click on "H-140-966 Decision near the End of Life.

[17] Ibid.

[18] Pope John Paul II, Address of 20 March 2004 to participants in the International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas." http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.htm.

[19] Dr. Jack Kevorkian's web page http://www.fansoffieger.com/kevo.htm.

[20] AMA, "Quality End of Life Care," http://www.ama-assn.org/apps/pf_new/pf_online, then enter under search term(s): H-140-966; click on "H-140-966 Decision near the End of Life."

[21] "Statement on Persistent Vegetative State," policy statement adopted by the 41st World Medical Assembly, Hong Kong (Sept. 1989) www.wma.net/e/policy/p11.htm.

[22] Myer, Gross, Slater, and Roth, *Clinical Psychiatry* (London: Tindall & Cassell, 1969), Ch. VII: Alcoholism and Drug Addictions, pp. 388-442; Ch. IX: Mental Disorders in Trauma, pp. 485-530; Ch. X: Aging and Mental Diseases, pp. 533-610; Ch. XII: Mental Subnormality, pp. 692-731.

[23] *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (American Psychiatric Association, 1995), Delirium, Dementia, pp.123f; Mental Disorders, Medical Condition, pp. 165f, Substance, pp. 175f, Schizophrenia, pp. 273f.

[24] AMA, "Withholding or withdrawing life-sustaining medical treatment," E2.20; see n.4 above.

[25] Bishop Elio Sgreccia, "The Subject in a Vegetative State: A Personalist View," wwwzenitenglish@zenit.org (24 April 2004).

[26] Pope John Paul II, Address to the 18th Iternational Congress of the Transplantation Society (29 August 2002) on www.vatican.va

[27] Bishop Elio Sgreccia, "The Subject in a Vegetative State: A Personalist View, wwwzenitenglish@zenit.org (24 April 2004).

[28] "Guidelines for the Determination of Death: Report of the Medical Consultants on the Diagnosis of Death to the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research," JAMA (1981) 246.

[29] "Declaration on Death, Policy Statement" adopted by the 22nd World Medical Assembly at Sydney, Australia, (August 1968) and amended by the 35th World Medical Assembly at Venice, Italy (Oct. 1983) www.wma.net/e/policy/d2.htm.

[30] Dr. David Hill, MD, Consultant Anesthetist, Addenbrooks Hospital, Cambridge, England, Interview, "Transplants: Are the Donors Really *Really* Dead?" www.cmf.org.uk.pubs/helix/spr99/trans.htm.