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Review Article

Contemporary Medicalization and the Ethics of Death and Dying

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Abstract. This paper argues that contemporary medicalization is one of the reasons why death and dying should be considered as ethical issues. First, two distinct features regarding death and dying can be analysed by comparing 'tamed death' and 'death untamed'. The distinction between death in *Ars Moriendi* and death as deprivationism has been compared before deducing a conclusion that biomedical ethics is an indispensable tool today to deal with the morality of death and dying. This issue is significant to articulate the relationship between the ethics of death and dying and the historical and cultural understanding of death and dying.

Keywords: Ethics of death and dying, Medicalization, *Ars Moriendi,* Biomedical Ethics

Introduction: In general, it seems that the term "death'' involves some sort of negativity and anxiety. This often reminds us about the loss of something. Surprisingly, if we look back to the history of death and dying, an opposite trend of death and dying can be observed. Death and dying were understood as a natural phenomenon which people accepted with ceremonial rituals. Such rituals were once a part of public or communal activity, but death has turned into a more personal phenomenon nowadays. All such characteristics relevant to death suggest that different attitudes and cultural shifts have been taking place throughout the history of death and dying. This paper attempts to answer why death and dying are ethical issues today through examining different attitudes and cultural shifts in the history of death and dying especially in the Western context.

Many argue that death is a "value-laden'' term which involves significant values from different perspectives.[1] Death and dying have been a topic of many discussions from different perspectives, such as philosophy, medicine,

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sociology, anthropology, mysticism, biomedical ethics, literature and so on. Hence, it is hard to articulate death and dying as a topic of medical science only. Despite increased attention to the subject of death in many areas of study, comparatively few studies have been dealt with the relationship between the ethics of death and dying and the historical understanding of this phenomenon. Thus, this research project is significant as it attempts to analyse this relationship to explore the morality of death and dying in the present context.

This paper analyses how medicalization today raises immensely important ethical questions towards death and dying. However, I do not claim technological advancement, in this case, is solely responsible for identifying death and dying as a moral issue. Since the issues of death and dying have been gradually transformed from the science of dying to the art of dying, therefore, many questions regarding this issue are highly disputable. For instance, whether euthanasia is morally justifiable, whether palliative sedation is euthanasia in disguise and so on. What do patients and clinicians require to know about the care for dying patients at the end of life? What barriers exist to accusing and employing this knowledge in the face of difficult decisions?[2] What is the proper place of medicalised dying within the context of the aims of medicine?[3] Hence, this paper is significant to answer a few complex questions in this regard by looking back to the history of death and dying. However, it does not focus on the Eastern attitudes towards death and dying; rather it analyses such attitudes from the Western perspectives only.

Section II explains the features of tamed death and also some crucial characteristics of *Ars Moriendi* (Art of Dying) and some of those features may be still relevant to establish the contemporary version of *Ars Moriendi*. Section III critically analyses an opposite trend of death and dying to trace those phenomena as deprivationism. Section IV scrutinises the relationship between contemporary medicalization and the ethics of death and dying. The following section reveals concluding remarks.

Tamed Death and *Ars Moriendi* (Art of Dying): This section analyses the transformation of approaches and cultural shifts towards death and dying according to social historian Phillipe Aries and some crucial Medieval features of *Ars Moriendi* (Art of dying). Aries in his *Western Attitudes toward Death: From the Middle Ages to the Present* identifies an interesting trend of death which was accustomed for almost a millennium. Aries calls this trend as “Tamed Death’’.[4] By this term, he indicates that the familiar concept of death was ‘We Shall All Die’ (*et moriemur*) and death was a part of traditional ceremonial rituals.[5] In his words, " …death was a ritual organised by the dying person himself, who presided over it and knew its protocol."[6]

This ritual was a public ceremony. As a part of this ritual, the dying person mourns about his death, forgives his people who have ill-treated him and also prays and received forgiveness from friends. Death, according to Aries, was tamed through this process or rituals. [7] Aries identifies that this trend has turned into more individual or personal in modern time. In this way, death has become somewhat an “invisible” phenomenon. Death and dying were no longer a public ceremony or any social occasion. This became some kind of personal affair as “one’s own death’’ (*la mort des soi*).[8] This feature is significant how gradually death and dying became private: family or the individual.[9] An ethical question regarding this feature can be raised: whether public or community should have any crucial role for dying patients.

Later, Aries identifies a cultural shift in Western attitudes towards death in late Medieval art and literature. He explains a few changes in this context by exemplifying *Ars Moriendi. Ars Moriendi* was a response to the outbreak of Bubonic Plague in the fourteenth century. This was a precise guideline on the practice of a good death.[10] Interestingly, Lydia Dugdale upholds the significance of acknowledging the role of community in human mortality, which could be a first step towards establishing the contemporary version of *Ars Moriendi.*[11] Autumn Ridenour and Lisa Cahill contend that human identity is based on

relationships. Also, community involvement may contribute more to dying process instead of individual freedom in this context. For instance, bioethics community may contribute to end-of-life decisions which may promote the process of dying well.[12] One may ask about the significance of establishing the contemporary version of *Ars Moriendi*. This is significant to eliminate the negative attitudes towards death and dying and to develop a positive attitude towards good death instead of preventing it.

In addition, this is important here to emphasise the relationship between a good death and pluralistic values in a society. Stephen R. Letham argues that pluralistic values in society may promote good death. Besides, he identifies a few problems of medicalised death and how those may prevent good death. For instance, medicalized death reduces consciousness in order to pain management, but consciousness is necessary for a good death.[13]

Having analysed a few characteristics good death and the importance of establishing contemporary Art of Dying, the next section analyses an opposite attitude towards death in the modern and contemporary era of medicalization.

Death as Deprivationism

This section scrutinizes the relationship between the advancement of medicalization and the tendency to observe death as a negative phenomenon. Aries identifies the development in the domain of medical science in modern and contemporary era promotes that death is preventable. This section does not discuss the impacts of contemporary medicalization on death and dying. Instead, I focus on how the attitudes towards death and dying gradually transformed from "tamed death" to "death untamed" or "wild death". Before explaining that it is essential to discuss briefly the relevant definition of death here.

According to Tom L. Beauchamp and Seymour Perlin, “Death means a complete change in the status of a living entity characterised by the irreversible loss of those characteristics that are essentially significant to it."[14] This definition is interesting because it identifies death as some kind of “irreversible loss’’. What is the underlying assumption of observing death as some kind of loss? It puts forward the idea that the primary goal of medicine is to protect patients from death. In addition, Lloyd Steffen and Dennis R. Cooley in *The Ethics of Death: Religious and Philosophical Perspectives in Dialogue* argues that death does not indicate only biological termination, but also a loss of significant things which are precious to us.[15]

Interestingly, Phillipe Aries recognizes the shift of attitudes towards death and dying from a type of familiar death (household types) to a sort of phenomena which is “shameful and forbidden’’ in the 20th century.[16] It is because death had been seen as a negative phenomenon. In his words, death and dying were observed at that time as “a sign of man’s failure”. Besides, Atul Gawande in his *Being Mortal* explains that people do expect they will face sudden death. [17] In fact, physicians are not comfortable discussing death with patients.

One may ask why death has been observed as a negative phenomenon. Phillipe Aries states that modern society prioritises individual happiness as a right which may be prevented by death. As a result of this, society also emphasises on preventing death in order to continue pleasurable life. Interestingly, Francis M. Kamm contends that observing death as a negative phenomenon, or a bad thing is called deprivationism. In her words, “….death …involves irreversible non-existence afterlife, is bad only because of the goods of which it deprives one, and the more deprivation, the worse the death." [18] Such a view can be compared to what Aries points out as death "raped the living". [19]

Should we take death as a negative phenomenon? Jeffrey Bishop argues that both human beings and the power of medicine involve finitude in nature to fight death. In his words, “Finitude of human life threatens all that we value … and brings into relief what we value most’’.[20] Interestingly, Bishop identifies a “necessary error’’ while deciding for a

particular patient based on vastly generalised scientific knowledge in natural science or medicine. This generalisation can be called as law-like generalisation which may not be suitable for applying to a particular patient. Arguing this, Bishop maintains that the denial of death nowadays is more problematic than death itself. Therefore, we require to accept the finitude nature of human being and accept death as a natural phenomenon. This is also a significant criterion for a good death.[21] The next section argues that contemporary medicalization is one of the primary reasons why death and dying is a significant ethical issue today.

Death & Contemporary Medicalization: This section analyses the main reason behind death as an ethical issue today and how the previously analysed trends of death and dying are relevant to this discussion. Let us consider another definition of death here. According to the Harvard Committee Report, there are four criteria of death. First, unreceptivity and unresponsively, secondly, no spontaneous muscular movements or spontaneous breathing, thirdly, no reflexes, and fourthly, flat EEG (electroencephalogram).[22] One may argue that those criteria can be controlled by the recent advancement of technology in medical science. This section analyses to what extent this argument is tenable.

Firstly, the advancement of medical science can control death today. This was unbelievable a thousand years ago. Different medicinal types of machinery and mechanisms, such as life-sustaining treatment, advanced therapeutic drugs, different types of emergency involvements by hospitals and medical care nowadays can influence the occurring of death.[23] Tom L. Beauchamp and Seymour Perlin state, "…various artificial devices have been created that sustain respiration and heartbeat indefinitely, even though there is no significant activity in the brain. Despite the artificially induces presence of vital signs, it has seemed to many that such persons are dead, not alive. Yet if they are dead, it is only too apparent that the traditional heart-lung criteria of death are questionable adequacy''. [24]

Thomas A. Shanon argues that such medical interventions raise many ethical issues regarding death and dying.[25] For instance, one may ask how long medical care should continue life-sustaining treatment for patients through an artificial respirator just to keep them alive for avoiding the four criteria of death mentioned above.

A relevant case can be analysed here. For instance, should the physicians of Karen Quinlan turn off the machine grasping the fact that Quinlan was not going to cure anymore? A number of crucial ethical questions can be raised here. Who should decide for Quinlan? Are the parents and family of Quinlan should take a decision instead of the physicians in this case? How the autonomy and beneficence of the patient should be evaluated in this case? How should the right to terminate treatment be weighed while medical interventions can extend Quinlan's life?

Secondly, another dimension of the ethical debate can be discussed here. Sometimes a few cases of end-of-life decisions involved an extensive public debate. For instance, the case of Terri Schiavo who was kept alive for fifteen years in a persistent vegetative state. [26] Who should take end-of-life life decisions in such cases? Besides, such cases are also challenged by the existing laws which may not be adequate to deal effectively. Thus, this can be stated that medical science has no longer been an isolated area to deal with death and dying, especially end-of-life decisions. That is why biomedical ethics is an indispensable tool today to deal with such ethical issues of death and dying.

Thirdly, one may ask about the significance of end-of-life decisions in the case of death and dying. According to Tom L. Beauchamp and Seymour Perlin, such biomedical decisions are significant also because of transplant surgery from well- preserved human organs. Physicians require to declare the death of a person as early as possible. In addition, physicians require to decide accurately whether such persons are truly dead. Otherwise, there is a possibility of removing organs from the living human body. [27]

Fourthly, it has been much disputable whether euthanasia, palliative sedation, and hospice care are morally permissible or not. There are different types of euthanasia, such as voluntary euthanasia, involuntary euthanasia, and non-voluntary euthanasia. Some bioethicists, such as Peter Singer argues that non-voluntary and voluntary euthanasia in some cases can be ethically justified whereas involuntary euthanasia cannot be justified.[28] Some argue that palliative sedation is euthanasia in disguise. These issues are critical to determine especially in a cross-cultural setting. This is because different religions and cultures may answer such questions from different perspectives. This is beyond the capacity of this research project to portray the vastness of such debates relevant to death and dying. Instead of answering each question distinctly, this project attempts to represent only different dimensions of ethical debates of death and dying.

Fifthly, one may ask whether it is ethically justifiable to keep a dying patient alive with life-sustaining treatment in hospice care. Some additional profound ethical questions can be raised here. For instance, whether life is an absolute good which should be preserved or whether allowing to die in some cases can be a better ethical alternative. Interestingly, Atul Gawande in his *Being Mortal* answers such questions concerning the autonomy of patients. In his words, "How much reduction in quality of life are you prepared to undergo to gain additional life?" Gawande argues that this question may increase the autonomy of a patient to control his or her own health care. In addition, this possesses a connection between the autonomy of the patient and the meaning of life; as Gawande says, "patients have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning of life''.[29]

It is important to point out here that Gawande puts importance on the meaning of life to judge the quality of life. He argues that if there is no meaning of life, then there is no reason to continue life indefinitely in hospice care or such. One may worry whether such an answer can be relevant to the goal of medicine. To answer this question, the relationship between medicalized dying and the goal of medicine should be considered.

Lastly, one may argue whether the goal of medicine contradicts with allowing to die in some cases. In addition, one may ask whether physicians should more comply with the decisions of patients who want to end life from the justification of euthanasia. [30] This seems to be a worry especially if we think physicians must rescue patients from death. Thus, such issues regarding the goal of medicine and the role of physicians require to be investigated further.

Lydia Dugdale argues that medicalized dying promotes the societal tendency to avoid death and also, the hope to extend life with medical intervention. The trend of dying at home has been transformed to move dying patients to hospitals. Dugdale calls this as 'technical approach of death'. [31] These issues lead the discussion to further dilemmas of the relationship between such a technical approach of death and the meaningfulness of life which also require to be further investigated.

Some might worry that it is difficult to distinguish between the ethical and theological issues of death and dying. In addition, one may ask whether contemporary medicalization is the sole reason that has made death and dying as an ethical issue[32]. In reply, there are some issues, such as social structure and supports are also significant factors behind transforming death and dying as moral issues. [33]

Conclusion: This paper has shown then that death and dying involve some profound ethical issues due to mainly contemporary medicalization by looking back to the history of death and dying. By analysing the features of tamed death, this can be stated that death and dying were natural phenomena to people which involved public or communal ceremonial rituals. This trend transformed into more personal or individual occurrence with the rise of modernism. Next, some features of *Ars Moriendi* are yet relevant to establish the criteria for a good death, such as the role of

community, the value pluralistic society, and spiritual preparation.

Then, this article explained how the attitudes towards death shifted to observe it as a loss or a negative phenomenon with the development of modern and contemporary medicalization. Finally, this paper argued that contemporary medicalization is one of the main reasons why death and dying involve profound ethical issues. By analysing whether life-sustaining treatment for a patient should be continued from different perspectives, this paper, therefore, concludes that although death can be marked as an experience of loss, it also allows us to find value in life. Secondly, there is no harm to accept that our lives involve finitude in nature, and it is significant to understand the features of meaningful life to judge the quality of life regarding end-of-life decisions. This project is significant because the ethics of death and dying involves critical and crucial focus in the application of complex end-of-life issues.

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