



Problems in the Meaning of Death

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The meaning of death is an abiding human problem. It is perhaps the first such problem, and certainly one of the oldest. Confrontation with dead bodies has been credited by some as the source of man's self-consciousness. According to this view, by recognizing and recoiling from his own mortality, man embarked upon a search for the imperishable and unchanging, a search which issued in religion, philosophy, art, and science.

Medicine is another, more practical, outgrowth of the confrontation with death. Less concerned with the meaning of death, medicine has sought its temporary postponement. Previous medical triumphs have greatly increased average life expectancy. Yet other developments such as organ transplantation and research into aging hold forth the promise of increasing not just the average but also the maximum life expectancy. Indeed, medicine seems to be

sharpening its tools to do battle with death itself, as if death were just one more disease.

It is these growing powers of medicine to preserve and prolong life, and the dilemmas which these powers have created or magnified, which have given a new sense of urgency to the old questions about death. Excessive population growth and the plight of the aged call attention to the fact that death control is not an unmixed blessing. Sophisticated machinery for resuscitation and maintenance (respirators, cardiac pacemakers, artificial kidneys) complicate the physician's difficult problem of ministering to the human needs of the dying patient. Ironically, the success of the devices in forestalling death has introduced confusion in determining when death has occurred. The definition of clinical death is currently the topic of considerable discussion, and new definitions are being proposed.

We face here some large and difficult ethical and social questions. Medicine has traditionally been dedicated to preserving and prolonging individual human life, regardless of quality. Devotion to this principle has led to improved methods of resuscitation which make possible heroic efforts to "save" the severely ill and injured. Yet these efforts are sometimes only partly successful; they may succeed in salvaging individuals with severe brain damage, capable of only a less-than-human, vegetating existence. An increasing number of such patients (and others who are both chronically ill and demented) are kept alive only with intensive care and by extensive interven-

"Professor Henri Vaquez at la Pitié Hôpital," by Edouard Vuillard, 1921. [Academy of Medicine, Paris; courtesy of Officine Grafiche A. Mondadori, Verona, Italy]



tions. These patients, and the aged in general, have prompted a concern for the quality of life which medicine is preserving. This concern is evident in several of the proposed new definitions of clinical death where an attempt has been made to introduce certain qualitative considerations (for example, consciousness) into the very definition of life and death. Indeed, we may be witnessing only the beginning of a serious conflict of values, a conflict between an ethic and a practice based upon a fundamental respect for human life *per se*, and an ethic and a practice based upon agreed upon notions of a worthy or socially useful life.

These are not merely abstract problems affecting us only indirectly through changes in our basic beliefs and values. They are also daily practical issues for the physician who must decide when to cease treating a dying patient, and also, when a particular patient has died. They are practical issues also for the legislator and the health administrator, and indeed for society-at-large, as they try to decide how much more money and talent should be invested in yet more effective death control through further research on disease or on aging itself. They are practical issues for the medical educator who must prepare

new generations of physicians and nurses to cope with dying patients and their families.

Yet the proper resolution of these practical problems requires careful consideration of certain broader theoretical questions. What is death? What dies? Is death a natural process or a disease? Of what importance for life is and should be the fact of our own mortality? What are the prevailing attitudes toward death among various groups in our society? What might be a desirable or "healthy" attitude toward death and dying?

It is clear that theory and practice reciprocally affect each other. For example, if death is widely regarded as an unmitigated evil to be avoided above all others, then it is likely that society will continue to direct its precious resources into developing new and more effective forms of death control, perhaps into a major effort to conquer aging. Alternatively, if medical practice elects to move toward a "definition" of life and death based upon levels of consciousness or other qualitative considerations, then one would anticipate changes in the general understanding of and attitudes toward death, and in the respect for human life.

Some of these practical and theo-

retical questions will be explored. Professor May will explore philosophically the significance of death for man, his culture, and medicine. Dr. Kübler-Ross will report on her clinical study of the needs and attitudes of dying patients and their families. Professor Morison will examine the philosophical and scientific adequacy of the concept of death as a discrete event. Dr. Beecher will assess a specific proposal for updating the clinical criteria for stating that a man has died. After each paper, general discussion will be initiated with a prepared formal commentary by an invited discussant.

The symposium is sponsored by the Institute of Society, Ethics, and the Life Sciences, a newly formed center (located in Hastings-on-Hudson, New York) devoted to continuing interdisciplinary study of the ethical, social, legal, and political problems posed by advances in the life sciences. The Institute's Task Force on Death and Dying has recently begun a 3-year study of some of the problems broadly sketched above. This symposium will be a work-in-progress, public meeting of the Task Force.

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Speakers and Topics

Arranger: Leon R. Kass, Committee on the Life Sciences and Social Policy, National Research Council, Washington, D.C.

Chairman: Daniel Callahan (Institute of Society, Ethics, and the Life Sciences, Hastings-on-Hudson, New York).

Death: Its Exposure of Man, His Culture, and the Helping Professions, William F. May (Indiana University, Bloomington).

Adjustment to Terminal Illness, Elisabeth Kübler-Ross (Flossmoor, Illinois).

Death: Process or Event?, Robert S. Morison (Cornell University, Ithaca, New York).

On Opposition to the New Definition of Death, Henry K. Beecher (Harvard University, Cambridge, Massachusetts).

Commentators and Panelists: Renee C. Fox (University of Pennsylvania, Philadelphia); Martin P. Golding (City University of New York); Leon R. Kass; Joseph A. Mazzer (Columbia University, New York City); and Paul Ramsey (Princeton University, Princeton, New Jersey).