Global Focus on Knowledge Lecture Series
Humans Considered From the Point of View of Beings Who Must Die—
the Concept of Life and Death

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To Live While Squarely
Facing Death

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Things To Be Considered In This Class

- In any case, due to the existence of serious illness and advanced old age we are forced to squarely face the reality of death.
  - Considering the above, is it possible for us to face the future with a positive attitude and live until the end with dignity?
  - How can those around the person facing imminent death support and care for them?

- Contents
  - Squarely facing death
  - Where can hope be found?
  - Death with dignity⇒maintaining dignity till the end
  - Quality of Life (QOL) in the remaining days of the terminal period
1. The Meaning of “Squarely Facing Death”
The Meaning of “Squarely Facing Death”

- With regard to the concept of squarely facing death on a daily basis, it can be said that people are simply unaware or consider the matter as unthinkable.

- Normally, when people think about squarely facing death they tend to think about:
  - They consider their personal life story (life plan) and their sense of values (what is really important)...
  - Advanced age
  - Having one foot in the grave, Coming to realize that remaining life is short: Ultimately, one becomes aware that the end of life is a part of one’s own life story.
  - Ultimately, one becomes aware that the end of life is a part of one’s own life story.
The Meaning of Squarely Facing Death (Continued)

- For example, having contracted a serious illness what if the patient is told: “Osteosarcoma was found in your right leg. Judging from the state, we must do an operation to cut off the right leg to prevent the cancer from metastasizing to your whole body.”
  - “I am a person whose whole life is track and field, and my goal is to go to the Olympics. I stake my life on this.” If I can’t run my life has no meaning.
  - If I can still run—I run. If it is too late and I can’t run—well, there’s nothing that can be done.
  - → “There ought to be another possibility... My right leg is removed; in compensation I look for a new road for my future life. Taking advantage of this chance... Should I now read all those books that I was not able to read up till now? Or...maybe it is possible for me to participate in the Paralympics?”
  - The decision as to the choice of treatment process: From the patient’s side, going through this severe process of deep though transforms one’s sense of values. It then becomes the process of re-writing one’s life story.

- By fighting their way out of such a severe situation, humans are given the strength to find new possibilities (Inference from the facts).
  - Such strength is found in reserve and is easily activated.
  - Dealing with such a harsh decision, one is both troubled and perplexed; this is the time for friends to give both understanding and support.
Attitude And Recognition of Circumstances ⇒ Action

- Individual Circumstances and Choice of Behavior  
  Desire - Intention + Recognition of Circumstances
  - I want to eat something delicious + this cherry pie is probably delicious ⇒ I eat it
  - I don’t want to get fat + if I eat this cherry pie I will get fat ⇒ I don’t eat it
  * Desire Intention and Recognition of Circumstances Opposites are realized

- Selection of Life Plan Due To Increased Options
  - A deepening understanding of death causes one to want to prepare for it + Attendance at this Global Focus on Knowledge Lecture Series will probably prove very helpful indeed ⇒ Attend

- In the most general sense, choosing to live (the domain of the spiritual)
  - Considering my present life, what attitude will I adopt toward life?
  + What is my understanding of the world as a whole and fundamentally?
My Understanding of My Place in the World = My Attitude Towards the World

What is referred to as a person’s spiritual face:
Considering my present life, what attitude will I adopt toward life? ⇔ What is my understanding of the world as a whole and fundamentally?

- The affirmation of my present life = Maintaining an affirmative attitude in the world (will & cognizance) (= living with dignity)
  - I am in the midst of the story of my life that begins with my birth and ends in my death
  - I have a position among a network of people
  - Facing Nothingness (= I face it by myself) I continue being me.
2. Facing Death Squarely, Where Can Hope Be Found?
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Possible Candidates
- To keep the hope for recovery till the end?
- To believe death is not the end; but perhaps a transition point to a life after death?

The Present / The Time of Death / After Death
- Not thinking of these as the axis or pivotal point in time
  [Having no desire to join the ranks of the dead]

The attitude I now take is to look forward with hope
The roots of my attitude of looking forward with hope
- At this moment or point in my life I can take two viewpoints: <The Life I am living> <The Life I lived>
- With regard to there being only a short time until death; this is not seen as a reason for any decrease in hope
- If one says <I am in the process of dying> the fact is, from the beginning it can be said <I am dying>
- There is an interval of time between <Not just yet...> and <Maybe soon?>

The idea that:<HOPE> <= A forward-looking, positive attitude> is supported by the shared belief of the societal group

The I who faces Nothingness can think of my life as a blessing <Far better to think of life as “something of value” VS “nothing of value”> and also to think of death as a blessing
- What is so bad about saying “I want more life”? There is nothing bad about it, but it must be tough for the person facing death.

⇔Having dignity is one aspect of living well till the end of life
- Dying with dignity = living with dignity

Facing Death Squarely, Where Can Hope Be Found? (Continued)
When the things I can do disappear from my life: How can I have a positive attitude about this situation?

- It is good to be able to do/ But... it is also OK not to be able to do
  - A person can do things⇔To be a person means living within a societal group. Those around one supply him/her with positive energy. Receiving this positive energy gives one a feeling of great comfort.

- <From doing>...<To watching>
  - The dying person becomes like one of those morally and spiritually evolved humans found in the history of philosophy.
  - There are our fellows who need support and those who happily give support—but in order for this support not to become a burden, it is necessary for a society-based care system to be established.
  - What can I contribute to society? I receive excellent care and use the resources of society <where not even one person is cut off and we give support to all our fellows> -I have come to understand this by my personal example.⇔This is one aspect of living to the end with dignity.
Spiritual Care: The Heart of the Matter

What’s more...even though many things exist...more than anything else...

- When the bodily aspect, spiritual aspect and societal aspect of QOL are properly managed... This, in turn, supports the spiritual aspect of well-being

To what extent one understands his own life and society...this is the heart of spiritual QOL (To voluntarily recognize this is not logical)

- At the heart of the recognition of the situation is the realization of the importance of being with one’s fellows and not being alone
- Even I, facing the Void alone, receive support from the network of humanity

⇒ Even I, facing the Void alone, receive support from the network of humanity

- Being at another’s side (Being physically close) To try to see the world through the other’s eyes (To listen to the other with this purpose in mind) This is another way to provide care. However, just sticking to listening is not helpful.

- cf. The Buddhist Abbot who performs religious austerities involving a high risk of death with the support of his flock
3. Death With Dignity… AND…
To Live To The End With Dignity
Death With Dignity / Dying With Dignity

- Death With Dignity/Dying With Dignity
  - In Japan if we don’t perform <useless life-prolonging treatment> are we headed for death?
  - If we search the Internet for “death with dignity,” among the search results we will find the State of Oregon’s (USA) Death With Dignity Act <physician-assisted suicide> and the criteria for its approval under certain conditions.
    → Originally, a word to express this way of dying did not exist

- <Dying With Dignity> was originally used in the context of how to support the terminally-ill patient on a daily basis; A term that points to the target= (Having dignity and comfort) (Having dignity and peace)
  - [Dignity] is not descriptive of [Death]; rather it is a description of the person’s way of being as they face death at the end of life
How to grasp the meaning of <Human Dignity>?

“Dignity” : If we look in the dictionary, we find:

1) **Dignity is behaviour or an appearance which is serious, calm, and controlled; used showing approval.**

2) **Dignity is the quality of being worthy of respect.**

3) **Someone's dignity is the sense that they have of their own importance.**

- Cobuild English Dictionary
“Dignity” Has three meanings:

- (1) Dignity is behavior or an appearance which is serious, calm, and controlled; used showing approval.
- (2) Dignity is the quality of being worthy of respect.
  - “Dignity” Among our values → Valuable things we consider important and worthy of respect (cf. Attaching importance to one’s possessions)
  - If we say we <respect> something... **It is not something to be trifled with** is the only answer I can give.
    - [A fertilized human egg also has dignity] [Regardless of form, human dignity does not change]
- (3) “Someone's dignity is the sense that they have of their own importance” <Someone’s Dignity>
  - Subjective self-evaluation (Basically, a feeling of self-respect) → It is self-evident that to affirm life is the correct way to be or live
    - [If I do this...my dignity will be lost] (In reality, this is **not** a question of having or not having dignity.)
“Death with dignity” originally was considered to mean [To live to the end of life with dignity]. In effect, it meant “Dying with dignity”.

- To live till the end - I affirm my existence and maintain my self-respect...To point to the correct way of living was the purpose of terminal care (= that is the target of spiritual care).
- If it is said: “I don’t want to live in this condition of loss of dignity.” (Can not affirm one’s way of being) ⇔
  - For a minute, let’s consider choosing death—As far as life is concerned, this is to move in a negative direction.
    - In this case...[QOL is low, life seems to have no value, so death is the choice] This is the same as the logic for euthanasia.
  - The question then becomes: **How can we best give support so the patient can maintain dignity and effect a recovery?**
    - The attitude of care-giving must be based on this concept.
4. The Terminal Period of One’s Remaining Days and QOL
Between Prolonging Life and Shortening It

- QOL and the length of one’s remaining days: if we can improve both, nothing could be better. (At present, this is mostly the case)

- Which is the preferable choice when we are forced to choose?
  - When length of life takes priority over pain=priority is given to prolongation of life (Pain tolerance)
    - Criticism of employing futile medical treatment to prolong life
  - Even if remaining life is short, it is spent in comfort=Priority is given to relief of pain (Tolerance for reduced lifespan)
    - What shall we think about treatment that hastens death?

- In both of the above, it is not a question of the difference between prolongation of life and death

- It is rather a difference about the values around which life and death revolve-A change in public (or social) values
When there is concern that palliative treatment will lead to the shortening of life...

- 「Palliative care ....neither hastens nor postpones death ------Palliative care ....neither hastens nor postpones death.」 (WHO 1990:2.1
  - cf.-2002:....neither intends to hasten nor …)
  - Neither intentionally lengthening life or shortening life→ Therefore [euthanasia] and the [futile care for the prolongation of life] are both denied. But...

- Palliative care treatment must be given when pain can not be borne or when there are no other effective measures available, or at the patient’s request or when there is a real concern for the shortening of life.
  - However, recently, cases where these circumstances exist seem to be becoming fewer and fewer.