

On death and dying essay samples

[Health & Medicine](#), [Euthanasia](#)



Even if people refuse to acknowledge it, death is something that most fear. Despite being part of human's natural existence, and something that is certain to happen to everyone and everything that has life, some cultures are not comfortable talking about death and has considered it a taboo topic. When it comes to this issue, people try to detach themselves and with this distancing, terminologies commonly used to refer to it have grown in number through the years. Euphemistic language referring to death include "no longer with us," "gone to meet their Creator," "have passed on," and others (Patricelli). People tend to avoid the things that they fear, and this is the same with death. Other than the new machines and modern medicine that the medical world is trying to create, people have now become more careful about their health and are focusing on improving their well-being. Although there is nothing wrong with wanting to live a healthy life, it is apparent that people will do anything within their means, and at times even beyond, to avoid death. However, recent news provide a rather contradicting picture about people's fear of death and the surge in suicide rates around the world. The very first comprehensive report by the World Health Organization (WHO) regarding the issue of suicide shows that there is one person who commits suicide and die every 40 seconds (Boseley). This makes suicide as the second leading cause of death, especially among young people who are between 19 and 25, and increases even more among people older than 50. (Boseley). Although there are numerous reasons why such a thing is happening now, a glance at the data reveals that contrary to the belief about people's fear of dying, it would seem that man have learned to overcome their fear of death. Psychology rationalizes why people commit suicide, and

theory maintains that when people carry two specific psychological states in their minds at once for a length of time, the desire to die is developed (Joiner). The said psychological states can be perceived burdensomeness (Joiner), or the idea that a person's existence only causes burden to the family, friends, and the society as a whole, or the sense of low belongingness or social alienation (Joiner) wherein the person feels unwanted and is not an integral part of a group.

In better understanding the different aspects of suicide and why its incidences continue to rise over the year, an interview with a person close to you who is experiencing depression will provide explicit firsthand information about its nature, how it starts and how it develops to be depression and how the person is affected by it. Based on the information provided by the friend, observing the said friend's behavior during the conversation will help in verifying that what the friend is saying is consistent with the his/her actions. Similarly, it will also be gleaned whether or not the person has an understanding of what s/he is going through. Reading articles and studies about depression will help verify what the friend's actions and words really meant, whether what s/he is experiencing at the moment falls under depression or just a spell of sadness and anxiety. After verifying the motivation behind the change in behavior of the other person through analysis, one can now give specific advice in order to alleviate the other person's conflicting thoughts and help him/her get over the emotion that may consequently lead to suicide, if it was not the idea in the first place. Suicide cases continue to increase over the year and is affecting other countries as well. Statistics reveal that more men take away their own lives

than women and this presents an opportunity to investigate these issues in order to avoid further deaths.

Like people suffering from depression, patients diagnosed and undiagnosed with terminal illness are those who feel the haste to die (Guy and Stern).

However, to quantify how often people wish for a faster death is a challenge as it varies from case to case. There are some who know of their terminal illness and start being passive, waiting for death to arrive no matter when or where. There are also those who wish for a speedy death and is thinking of the possibility of suicide or euthanasia. A study by Chochinov (qtd. in Guy and Stern) shows that depression and desire for hastened death are significantly linked with each other. 59% of the patients studied who showed that they are hoping for a hastened death are also found to be clinically depressed, and an 8% of the patients who don't have desire to die early were also found to be depressed. People who have terminal illness will most likely have higher suicidal tendencies and hope for their death to come faster, while those who don't have a history of depression will either wish to die fast or will not have the desire to die fast but will eventually get depressed.

An in-depth understanding of why people with terminal illness would wish to die early can start from having a conversation with a psychologist who are treating people with depression, both terminally ill or not. This part will help establish the characteristics of a person with a history of depression or is currently suffering from depression. Knowing these characteristics will help in identifying those people who need more understanding and special attention. After learning everything there is to learn from the doctor, further

reading about people with terminal illness can follow in order to understand the issue more. It is also possible to look at blog articles or studies in the same field so as to learn about the different cases of terminal illness and depression and how these are affecting their lives. After everything has been understood, joining organizations that aim to help people with depression and terminal illness will be a good course of action in order to put into practice the ideas learned.

Different cultures follow different practices when it comes to funeral and burial. Africans, for one, perceive death as “ the beginning of a person’s deeper relationship with all creation, the complementing of life and the beginning of the communication between the visible and the invisible world” (Encyclopedia of Death and Dying). More than the achievements in life, Africans aim of becoming an ancestor after death, which explains why correct funeral and religious ceremonies should be followed. Many Africans follow the custom of taking out a person’s body from the house through a hole in the wall instead of the door as for them, it will make it difficult for the dead to trace its way back to the living as the whole is immediately closed. On the other hand, there are also many people who ensure that the dead will be able to easily find its way back home , which explains why they bury their dead next or under their homes. All of these beliefs stemmed from the idea of dualism, which theorizes that an individual is composed of a “ physical” and “ spiritual.” The Greeks also share the same belief, saying that once a person dies, the psyche or the spirit leaves the body of the dead in the form of a little breath or a puff of wind. A proper burial should also be given as omission of it is seen as an insult to human dignity. The burial rituals, which

is divided into three parts, are performed by mostly women members of the family. The first part, the prothesis is the laying out of the body, followed by the ekphora which is the funeral procession, and finally the interment of the body or cremated remains of the deceased (Heilbrunn Timeline of Art History).

There are several other burial and funeral rituals and values practiced in countries in different parts of the world, and learning more about them can start from having a discussion with someone who comes from a different country and has knowledge about their traditional culture. This conversation can lead to a debate which will help exhaust all possible details about the topic. Like all new information that one gathers today, research through the Internet can help verify their authenticity and validity. Numerous scientific studies can be found and are proven useful in gathering information about certain topics, and this can be utilized to learn more about burial and funeral rituals. After all the necessary information are gathered, one can start thinking about taking part in a ritual or being an observer in a ritual. Although it may not be an easy task to carry, thinking about it and comparing it with the rituals that are practiced in one's own culture will help establish in one's mind a concrete idea of how it is done. If an opportunity to realize the ideas formed in the mind comes, one can go to a burial and funeral rites and observe how the people are performing their tradition. Witnessing it with one's own eyes and being there when it is being done is the best way of learning about it as people are not likely to forget memorable and perhaps once in a lifetime experiences.

Terminal illness is an issue that is now closely tied to euthanasia, or the the

act of terminating a very sick person's life for them to be relieved of their suffering (BBC). These very sick people, or those who are terminally ill, are mostly the ones who ask for it's execution but there are also instances when the person can't make the request. In such a case, it is called active euthanasia, wherein medical professionals do something deliberately to cause the patient to die. Arguments about euthanasia came back to life when news of new policies about legalizing euthanasia in other countries started spreading. Earlier this year, Belgium has allowed to execute euthanasia for sick children as they are too young to make life-and-death decisions. The argument goes back to establishing moral distinction between killing and letting the patient die. People argue that withholding treatment and allowing a patient to die is acceptable, but deliberately killing a patient is not (BBC). However, some argue that there is no difference between the two as withholding treatment is a conscious act, and is thus no different from stopping treatment. Debates continue and perhaps reaching a common understanding in this issue is difficult, if it is even possible, to achieve. There are several factors that come to play in this argument more than just the issue of morality, which on its own, is already difficult to establish as definition of what's moral and not is also influenced by culture and religion. In the Netherlands where euthanasia is legal, the basis was their definition of terminal illness. According to them, the term refers to "concrete expectancy of death," while Oregon stresses that it stands for a condition that is guaranteed to lead to death within six months (The Life Resources). Dr. Jack Kervokian, a prominent person in this highly sensational issue due to his "live" performance of euthanasia, defines terminal illness as "any disease

that curtails life even for a day” (qtd. in The Life Resources). It is apparent that discussions about this issue will stretch for a longer period of time before a consensus is reached, if it can ever be reached at all. However, despite the ongoing debates, other countries are already legalizing euthanasia within their borders.

Apart from euthanasia, the issue of assisted suicide is also a source of debates today. In fact, it is closely linked to euthanasia as the difference between them lies only on the last act. Euthanasia is when a third party performs the last act, while assisted suicide is when the person who died was the one who performed the last act. If a doctor injects the patient with a lethal injection, or puts a bag over his/her head, it is euthanasia. However, if the doctor provided the medicine which the patient took in large quantity that caused his/her death, assisted death occurred. Like euthanasia, arguments about the legalization of assisted death, or whether it is morally correct to legalize it, does not seem to be anywhere near the horizon.

In order to fully understand the issues of euthanasia and assisted death, one may engage in a debate about them. Taking a stand and fighting for it requires knowledge about the issue, but also results to gaining information about it from the person arguing on the other side. Presenting everything one knows about the issue will lead to discovering ideas that are not yet learned. This will provide a chance for one to explore the said ideas more and validate those that were gathered from the debate. This can be done by reading news articles regarding real life issues concerning euthanasia and assisted death, and studying all the factors discussed in the said cases. Referring to scientific journals or studies about the two issues will also be

beneficial as results of the said studies will present reasons as to why they yielded such results. The Internet is a rich source of new information about the topics, but a trip to a library is also a good option. Once all information were already gained and inconsistencies were already sorted out, making plans on how to put into practice what was learned should be thought about with care. Everything that has to be considered should be given proper attention as the issues involve life and death. Similarly, since these situations are mostly just seen in hospitals, a detailed plan as to how it can be put into action should be considered well. Interviewing a doctor and finding out his/her stand regarding the issue is a good start. Preparing questions before the interview is a good way to ensure that the conversation will go well without missing out on any detail that one wants to know. It may be difficult to get a permission to interview families of people with terminal illness but if there is an opportunity, the same preparation and procedure taken for the first interview should also be applied.

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