



The Attitude of the Doctor Before Death (Reflections of an Oncologist)

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Abstract

In the vast majority of cases, the doctor in general, but especially the oncologist in particular, lives and feels the death of his patient as a "failure".

Actually, this is not the case, when all the steps of giving and doing with the patient have been fulfilled, the best medicine available.

The doctor should not guarantee results, if you must guarantee the use of the best available medicine, the results will depend on independent variables.

How does this affect us? Is it the same for all doctors? It is very probable that our previous history, our personal culture, play a fundamental role in

"The attitude of the doctor, in the face of death".

Keywords: Attitude; Oncologist

Introduction

Work is oriented by two premises

The first, that the contemporary western man, unless it is in exceptional cases of personality or for being affected by any psychopathology, is afraid of death.

The second is that doctors, mostly, want to cure the sick, want to fight against the death of these and for this they resort to the tools provided by scientific knowledge.

The attitude of men in front of death varies, according to conditions of time and space. In the same society we can find different attitudes in front of death in different times and, in the same time, are different attitudes in different societies.

That happens today in the world, where we can find radically different positions that coexist in the four cardinal points. Taking into account the existence of this diversity, we decided to cut the scope of reflection to the Western contemporary society in whose reality we live and in which we exercise our professionally everybody.

Thus, we talk about the man thoughtfully healthy meant, which is aware of what the end of his life represents, leaving aside the cases in which the person does not distinguish the difference because he does not have the full enjoyment of his mental powers. Nor is the relationship with the death of any kind of suicide be addressed. Do not escape our studies to have the doctors that are interested in taking the greatest possible economic benefit of the health/disease relationship, but for the purposes of these reflections that line of work will be left alum.

To treat these issues, it is first necessary to address the concept of culture and stop when it is currently represented by death by Western society in general and for professionals in the medicine in particular what is the culture.

En many social circles still can find the concept of culture arising in France, Germany and England in the 18th century. This was a very close concept to civilization and so ambiguous with this one. In this context, culture was refinement, advance in knowledge, assimilation of the values and behaviours of the bourgeoisie in rise.

Being a cult was to acquire the aesthetic tastes and the ethical values of the classes that occupied higher places on the social scale. In short, be cult was to be civilized, highlighting on an evolutionary scale that began for salvage and Barbarie (1 of that framework arises the dichotomy between scholar culture and popular culture that still predominates in the field of arts, especially in music).

For many, the word culture is immediately associated with theatre, ballet and conferences, while "cult" people are those who attend such kinds of shows. However, at the end of the 19th century, a definition of culture arises that is still associated with civilization but that is already a precursor of the conceptual expansion that it will be subject. "Culture or civilization in broad ethnographic sense, is that whole complex that includes knowledge, beliefs, art, moral, law, customs and any other habits and capabilities acquired by man as a member of society" (Tylor, 1871) an anthropological theory introduced at the beginning of the twentieth century more of the concept, enriched it on one side and destabilizing it by another.

Those responsible for this change I would be the anthropologists who investigated the marginalized cultures of the Western civilizing process, such as the inhabitants of Polynesia, Africa and various islands. These anthropologists were sponsored many times by governments, notably by the British, who understood that it was necessary to know how to live, be and think of their colonized to better perform their colonizing work. Apart from the ethical-political questioning of English Colonization, which escape the subject of this work, it is important to note that by adopting that attitude, the English colonizers were recognizing the existence of the other and that this one had a way of life that, although it was different from the one known for them, it should be taken into consideration. Thus, they were recognizing to the extent the existence of cultural pluralism. Since then it was becoming considered "culture" to the whole material goods produced by a town (material culture), as well as beliefs, norms and customs (spiritual culture).

And in recent decades, the definition has also incorporated the universal of the symbolic accompanying the vision of the world of each people and that is inseparable from it. Culture is better understood not as complexes of concrete schemes of conduct - cash, used, traditions, habiting sets - but as a series of control mechanisms -planes, recipes, formulas, rules, instructions - that govern behavioural culture does not refer, then, barely objects produced or to the customs of a people, but to the meaning that those customs have for that people and the set of standards and symbolic devices

that make that custom perpetuate. Culture brings the existence of cultural schemes that appear "significance systems historically created, under which we form, we order, we support and lead our lives".

Culture are all the ways in which the people of a certain society are related to the others and with their medium, including in this relationship the way in which the members of the producer society of that culture explain the world and all the material objects or other than that other contribution.

Applying that definition, it can be affirmed that each company has its particular symbols, its explanatory myths on the origin and the end of man. When it comes to the end of man, each culture has its imaginary regarding not only the future of that man out of this world, but also regarding the meaning of the abandonment of this world by the one of the one who dies, an act surrounded by a ceremonial suitable for this belief that has its specific rules and symbols that identify it. Thus, each society has its traditions around the death and control mechanisms to be met.

Within these customs there are also rules for which each society understands that there is a better or more appropriate way to die. Death through the concept of culture should not be confused with other agglutin Tory concepts of human groups, such as, of nationality. Within the same country there may be different cultures, according to the native population of each region or geographical and climatic conditions. Culture, on the contrary, is not unique universal, but is quite restrictive in geographical amplitude and is subordinated to peculiarities of the historical and economic process.

The relationship of people with their death and with death in general varies also within the same culture in different periods. For example, in the classic Greek culture, a direct history of our current Western culture, was believed in a certain life after death and therefore the dead were the subject of care during the first days after the decess. "Ghosts had the right to three days of presence in the city ... everyone felt bad in those days. To the third, all the spirits were invited to enter the houses, then a meal prepared for the purpose was then served; Afterwards, when he was considered that they had satiated their appetite, they were firmly told: Dear beads, you have already eaten and drunk; Now march! "At present, different ways of relating to death coexist in the world. Among the eschimal, for example, the death immediately of birth is the destiny of most of the firstborn, and the old ones choose the moment of dying, withdrawing the yarns where they die from cold and in nanging.

Starting to re-enter with your ancestors it is also a practice in some African tribes. Some indigenous tribes of the Amazon do not allow children to live with some kind of disability. And within the oriental cultures, predominantly in the Hindu, China and large part of the Japanese, death is not considered an end of life but as entry to it: death is celebrated, but it does not cry for the dead.

The peoples who lived in previous centuries believed that death was something natural, part of the cycle of life. This can be seen as much in the classical Greece and in the Middle Ages or in the 19th century among the Russian peasants or between the pioneers who went to people. "We find Homero to To Istoi the constant expression of the same global attitude towards death ... is at the same time, family, diminished, in sensitized the fiction literature as the travel stories show that death was something natural, that he did not hide, that he did not be coated with great drama.

There was inclusive to give birth to children at birth, and in fact it was expected prudential time to see if they survived. This attitude of resignation against child death can also be observed among poor communities (including in rich countries), within which the struggle for survival is large and death a daily possibility. It is not rare to hear with a total naturality to a father or a mother say they had a certain number of children of which they survived some of them.

The attitude in death also varies according to the social and economic position. For the powerful classes of Western Europe, between the XII and XV centuries the attitude towards death stopped being resignation and became aversion when they realized, among other things, that they left the world of goods. "Death has not been only a conclusion of being, but a separation of having: let them leave, households and gardens." There was then a stage that death was dyed in a romantic nature, as well as the agony long-term accompanied by friends and relatives who not only honoured the dying with his presence but lived the possibility of accompanying him (to the dying) in his deathbed, as a distinction.

And to the nineteenth century death will be accompanied by funeral public rituals: the Valorie and the burial, with all the pomp that still remained in many places, rituals these, which, within the cultural scheme, have their rules and their symbols to demonstrate, on the one hand, what place took the dead on the social scale and, on the other, so that those who remain demonstrate what the dead meant for them. Death in the West: Asepsia, Mediatization, Balalización.

In the contemporary West is giving a particular relationship: Never death was so waste, and insu- tank, so trivial or so banalized as today in our culture. The aseptic, institutionalized death (in hospitals, sanatoriums or asylums) has been surrounded by a technological deployment that prevents many times from the dying to spend his last moments with his loved ones, which was recently considered as a necessary condition of a "good death".

But at the same time, aseptic death is the most accepted death, for being clean, careful, assisted. On the other hand, due to the growing penetration of the media in everyday life, death has become a consumption object, as well as funeral rituals or death information in tragic circumstances (urban violence in its various forms, political violence, etc. "Death participates in most of the forms of communication/show: Films, theatrical parts, television emissions, songs, novels, death enters the circuit of information type: funeral announcements, stories of murders or deadly accidents ..., death, as the death show, are sold well" to consume the agony of people with consent of these. At the same time, cinema and television have been progressively carrying to increasingly relief of death through scenes of violence that seek to cause an impact on the viewer. It is the "spectacularizing" of death, phenomenon that is increasing in quantity with social effects not yet sufficiently studied.

Some studies of a journalistic nature have tried to establish a relationship between the size of the cities and the indifference of the inhabitants in front of death a transient, showing that in the large urban centres the indifference is almost total. At the same time, the concealment of death or silence on it is also part of the current urban culture, especially in what refers to children, to which many times they are not even buried to their burden of their parents or relatives.

While the "spectacularization" of death through the media or art can be considered an attempt to exorrect it or to make it less feared, the silence regarding it is a way to deny its indisputable existence. "The denial, pathological duel that refuses to believe in the death of the other ... the simplification (coach of the funerals and the duel ...) and the silence (reusable to talk about death ...) characterize the West of today" The patient and the one has spoken so far from death on abstract.

Now we analyse the attitude of a person in front of his own death, as can be the case of a patient who is in medical treatment. In our time, death "causes so much fear that we are not noticing

to say name" fear that, in turn, is considered "normal and necessary" when a person lives a situation in which it can no longer deny death or ban it, he has to fears.

These have been described by Thomas, in our culture, like the following:

- a) Fear to die. 1.1 De facing unfinished tasks (such as educating children) A.2- By fear of physical pain A.3- For fear of psychic suffering A.4- For fear of corruption Corporal.
- b) Fear after the death B.1- Uncertainty with respect to the beyond B.2- Uncertainty about the behaviour of survivors (oblivion, the Irrigation issues) B.3- Fear of the West, one of the most common ways of dealing with these fears is to deny the existence of death, what can reach degree or more ordological, as well as to the ionization of the same, that is, ridicule it. Another of the forms is not to see death as the end of everything, which leads to defending offices in the tombs and debates from death in metaphorical terms such as "eternal dream" or "move to better life".

In the field of psychology, some studies have been carried out on the behaviour of man in his face, and in which discrepancies are observed with the historical approach of Ariés, for for psychoanalytic literature, the fear of death has been a constant in the man of all time. In 1915 in presentations of news about war and death, Freud points out that the death of his own is unimaginable and our unconsciousness does not believe in the death itself.

This vision is shared by anthropology, although it is admitted that fear has different degrees according to cultures. Except when it comes to suicidal, whose exclusion of the present discussion was already clarified. Ph. Ariés does not explicitly say that in previous times he was not feared to death, but it is the impression that leaves his reading of the relationship with death in other times. "The fear of death - universal unreality parking - that is, therefore, a normal phenomenon ... [however] the fear of death is more moderate in black Africa" the doctor and the few studies on the relationship of the doctor with death in our current Western culture from an anthropological point of view on urban medicine.

Medical anthropology has been dedicated to more studying the role of doctors working in rural communities or to the margin of the civilizing process. "Anthropologists have been relegated to study non-urban medical phenomenology, without having been given up, particularly in Europe, to study the conditions in which practice practice in its own social system." Unlike mental health professionals (psychiatrists, psychoanalysts or psychotherapists), who have to discuss the distressing of death with their patients,

the doctor has "a permanent contact and always built-in with death. Existing written material makes it possible to see that the doctor and death entail a struggle in the sand of the disease, which has as a carrier to the patient. Sometimes the doctor wins the fight and heals the disease; Others, death defeats him, leading the patient to succumb.

"In a broad sense, all death truly triumphs, since it necessarily ends up realizing us of the doctor is the moment in the death and the patient, the carrier of bad news, the one who tells the patient that the fighting both against the disease is being overcome and that the end comes. This task of "announcer of death" was assigned to the doctors by the potatoes in the historical period called modernity, at the end of the 18th century and the 19th century. Practically until the 20th century, doctors were not responsible for curing, but rather to help the patient had a "good death", being a kind of spiritual support for the patient. "In the Balzac novels, the doctor plays a considerable social and moral role ... takes a little care, but not heal, helps die. Or foresees a natural course that does not correspond to him to modify the current doctors, admit the death of the patient is to face his incapacity to cure, recognize that there are things that escape their universe of knowledge, admit the impotence of his scientific knowledge against the advance of agents that provoke processes that cannot stop.

"The acceptance of death means admitting that something is, although transcend our understanding. For this it is necessary to renounce much of the Omnipotence itself".

When the disease advances, most of the doctor manages to do is delay the moment of death or helping the patient, in the best, a better death. The delay of death is cause and consequence of the hospitalization of the dying, which became current practice only after World War II. This recent possibility gives a new protagonist role to the doctor, who happens to have decision-making power on the person's life. Once in the hospital, the patient and his family remained subordinated to the decision of the medical body and many times justice intervenes to prevent a machine from being disconnected and allowed the patient to die as would be his desire or that of his family, once he is having vegetative life.

Abse about absion of the Contempo antic medicine: showing and to hag the hand my main make to save the life pain? Some critical versions even affirm that institutional medicine has a tendency to maintain a balance in the situation of disease as a way to justify the very existence of the health system. "Cure is not the instrument to reach the utopian health objective, but the means to continue

curing and keeping this balance in the disease that generates the reproduction of the medical ritual circuit. Jim. ARTI requests to the cases in which the life of a patient is prolonged as a way to maintain the system running around him, in which the doctor is the one who takes the decision of when the patient must die, which in many cases may be subordinated to economic interests.

"Death has stopped being admitted as a necessary natural phenomenon. It is a failure, a business loss... when death arrives, is considered an accident, as a sign of impotence and clumsiness, which is necessary to forget 'questioning can be inferred from this statement. First, it cannot be generalized around it and, secondly, it is not necessarily a correct position. Although there is an anthropological definition that associates the morality with normal within a society, the reason must be primarily in the discernment of what ethical behaviour is based on the humanistic values of the doctor. "The moral is, then, that which is normal in a certain type of society and in a certain phase of their evolution.

It is then corresponding to reason to model the behaviour through a practical court of ethics, derived from a scientific study of social life." In other words, the person must decide, according to their values, what is correct to do, although the normal in society is not exactly that. Within this framework, there is another possible relationship of the doctor with death, which is to help the patient to have a quiet death, as it was in previous centuries, revitalizing an old axiom of curing, alleviate, accompanying. When the doctor can not cure, it must find palliatives for the patient's suffering, and when this is not possible, it only remains to accompany it so that it has a death as much worthy as possible. In this sense, the past decade was considered pioneering in this type of service "the hospice" (with quotes in the original) Saint Christophe, in the suburbs of London, though not as a hospital to cure but for the terminals sick to die.

These were like "specialized hospitals in sweet death and in their preparation" in which patients avoided decided on the right to decide to die when they wish. Here others come from the controversies: How to determine the moment of delivering a patient to death? [1-8].

Conclusions

The relationship of the doctor with death is complex. In the face of death in general and before the incapacities of the person in the case, the doctor must make a double process of elaboration: to develop the death of the other, of his patient, which may or may not be transformed into a loved one; And, at the same time, to make his professional defeat in that battle in particular.

On the other hand, the doctor as a mortal human being, each time he faces the potential or consummated death of a patient does so he also with his potential death and with the consequent fears that she causes. From the apparent coldness may arise with many times doctors face the nearby death of the patient, both at the time of giving the news and at the time it occurs. It is possible that at the moment, all the mechanisms of defense and denial of their own death as an inevitable phenomenon are in the moment.

Perhaps this is a component of the derogated efforts that are made to keep a living person, beyond the economic implications that may have in some cases. Seen from another optics, you can think that the struggle that the doctor goes on death and for which it is served all the arsenal of hospital technology, is a struggle to find the path of immortality that seems also to be the search for man through the centuries, from the alchemists to our days with the cloning experiences.

The question then is to get a balance between the patient's struggle and welfare. The patient has the right to know about his illness and the doctor the duty to inform him of all his possibilities. The patient has the right to decide what shape does he want to die. Prolonged indefinitely a person's life does not make sense, when there are no expectations of a life of good quality. At the same time, experience is making the auto picture of omnipotence to be met at the years of the years and the doctor is seen in surprises, as patients with little expectation of life that, for inexplicable reasons in the first sight, survive for much longer than the planned.

The great challenge of the doctor before death is to manage the symptoms properly to give his patient a good quality of life as long as possible and know when the time has come to not be justified to continue the fight. That quality of life implies the lowest suffering and the greater lucidity possible for the patient. To further difficult for the situation, in addition to the patient, play the interests and desires of their closest relatives, who usually delegate in the doctor responsibility for deciding on the sick, but sometimes they demand that the doctor take a measure to prolong, or not, the life of the mourning.

The role of the doctor in these circumstances becomes even more complex since, on the one hand, its evaluation on the state of the symptoms can be affected by the pressure of the relatives and, on the other, the need to respect the will of these and the patient may interfere in their decisions about what is better for the affected. Thus, the doctor must find a balance between respect for the patient's wishes and their family, and what he understands, as

a scientist, who is the best for the welfare of his patient, which is not easy task.

The attitude of the doctor before death must be that of that mother who, when Solomon proposed that the girl will be cut in dispute at the medium, preferred to abdicate his daughter in favour of the other applicant, hence the term "Solomonic" when he relates to something fair and equanimous.

When the doctor sees that his patient is going to be dilated by the suffering caused by the disease, or he will stop human being to move to a "vegetative state", the most human thing is to deliver it to a "better life".

The challenge is to know infer, from the symptoms, what is the right time to do so, and is there just precisely where the greatest difficulty resides for the serious and humanist professional exercise.

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