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Healthcare professionals face the immanence of death embedded in scientific progress and the digital revolution

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Abstract: Healthcare professionals come face to face with death as part of their daily routine. This happens in emergencies; but it also arises as life is ending, when palliative care is the only treatment that remains available for a human being. We need to ask how to approach the palliative care of individuals who live in an interconnected world where they repeatedly encounter the fiction of scientific advances that will open the way to immortality

Keywords: healthcare professionals – death – scientific progress – digital revolution – immortality

1 Introduction

Healthcare professionals come face to face with death as part of their daily routine. This happens in emergencies; but it also arises as life is ending, when palliative care is the only treatment that remains available for a human being.

In this presentation I do not review how care is delivered in those final moments. Neither will I treat the protocols governing those treatments. Rather, I want to focus on two realities that operate simultaneously and begin asking questions about them. The first of these realities is the dramatic advances in medicine, and in science more generally, that have become part of our daily lives via our increasingly sophisticated communications media [1]. Recent advances in genomics, personalized medicine, genetic engineering and everything related to these fields of knowledge have produced a veritable revolution in the practise of medicine. [2] Breakthroughs in pharmaceuticals in the new millennium have lengthened human life expectancy, while new medical discoveries, such as the complete human genome sequence, promise a golden age for an increasingly globalized sector of society [3]. Even now, not just specialised colloquiums but the evening news as well, tell us about 3D printers that make possible personalised surgery, prostheses, indeed medical treatments generally. Taken together, they paint a picture of triumph over disease in the near future that lets us almost grasp the impossible dream of immortality. This brings us to the second reality, namely the effect of the digital revolution [4] on the social networks that permeate an individual's personal intimacy. The South Korean philosopher Han had this to say: "Digital communication foments this pornographic exposition of intimacy and of the private sphere. As well, these social networks are displayed as spaces where the private sphere is presented. Digital media privatise communication, as they displace the production of information from the public sphere to the private" [5] There are studies showing the beneficial effects of internet forums addressing chronic illnesses [6]. Yet when therapy fails and palliative care is inevitable, the dialogue with death reveals itself.

In the twentieth century, notably in the 1960s, in cities in the West people began losing the practise of collective mourning. [7], called this the loss of ritual regarding death. In a similar vein, [8] observed that the death of an individual no longer affected the social rhythm of a place, thus everything continued as if nothing had happened. Although Ariès offers us an overview of our societies in the second half of the last century, it is also true that the people who live in those cities carry out their mourning in their interactions with other individuals. This, of course, is inevitable as long as humans die [9]. [10] and [11], to cite two prominent scholars, show us a society where death is met with silence and concealed. In the new millennium this has changed.

2 Problem Formulation

The objective of this presentation is to indicate how a dialogue with death emerged in the last third of the twentieth century and how it is becoming established today. This brings us face to face with the new challenges associated with the end of life and palliative care that healthcare professionals must deal with.

3 Problem Solution

We need to ask where exactly we find ourselves on the cusp of the third decade of the twenty-first century. The convergence of the physical and digital worlds is well advanced. Technology is becoming the driving force for the redefinition of social functions that define the world in which we live and work. The fourth industrial revolution has now reached medicine. We must not, however, forget that all these revolutions are inter-related. Thus the structures of the twentieth century, during which the dialogue relating to the immanence of death that was produced in the interpersonal relations among people then, continue being produced today. This is true even though they may not be plainly visible to us in our daily activities; even with our digital means of communications, be they smart phone, the internet or other modes.

Over the past few years, the health sciences have made great advances, not least by producing significant studies of the processes of dying by, inter alia, Elizabeth Kubler-Ross and Ernest Becker. They have established important scientific foundations for further work, yet there remains much work to be done. For Becker, the prime motivator of human behaviour is the biological necessity to control our basic anxiety and so negate the terror that death inspires in us. We humans are naturally anxious creatures, because, in the final analysis, we find ourselves defenceless and abandoned in a world where our destiny is to die. "This is the terror that comes from having emerged from nothing, having a name, self-consciousness, profound intimate sentiments, and burning drive to live and express ourselves, yet despite all this, to die [12].

We currently find ourselves encountering a new form for managing mourning and death, one completely different from anything yet recorded in human history. This novel form is rooted in the immediacy and virtuality in relations among humans. Accordingly, not only do we now have the possibility of mourning with other people through the physical medium of conversation, we also see opening before us a new and powerful scenario thanks to the virtual form of communication our mobile phones, tablets or computers. These new technologies for communicating with others and disseminating information are changing everything.

The recent arrival of WhatsApp lets us manage the sorrow of mourning instantaneously and share our sorrow with those closest to us. Referring to this digital revolution, [13] observes that if in the twentieth century we used interpersonal communications as a tool to manage the pain of mourning, in the twenty-first virtual communication is gaining much ground in our societies. As he puts it, in "our societies we often tell ourselves our stories only through fragments".

4 Conclusion

I want to conclude by observing that in our intimacy, as the individuals/members of society that we necessarily are, we create our dialogue with death, and this dialogue reflects both the times in which we live and the world in which we live them. Healthcare professionals need the humanities and social sciences to understand our era, and so develop new plans for care, above all in palliative care, where we face death most directly.

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