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CHRISTMAS 2024: DEATH IS JUST AROUND THE CORNER

Demedicalising dying: medicine must accept death as a natural part of life

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Over the course of the 19th century, across North America and Europe, death slowly migrated from the home to the hospital and came to be viewed as a medical event, and no longer primarily a religious one.

While the medicalisation of dying has alleviated physical, emotional, and spiritual suffering and sometimes extended lives, something meaningful has been lost along the way. We have increasingly become detached from the social and spiritual importance of death and reluctant to accept it as a natural part of life. Despite the strides made by hospice and palliative care in demedicalising death, overtreatment of dying people in the US and Europe is widespread.[1] Medicine should adopt a more compassionate approach that rehumanises dying, rather than focusing on extending life at all costs.

Initially conceived as refuges for poor people, hospitals gradually became places of healing—and for dying. With the rise of professional medicine in the US and Europe, doctors came to treat death first and foremost as a medical concern. As sociologist Shai Lavi notes, by the end of the 19th century, "the old art of dying was replaced by a medical and technical governance of death."[2] In 1800, the US had just two hospitals, but by 1909 this number had soared to over 4300.[3] Doctors soon considered it their professional obligation to remain with patients with incurable conditions until the end, ministering hope and whatever limited medicines they had available.[4]

What began in the 19th century as an early sense of duty to tend to the dying eventually led to the wholesale medicalisation of death that we see today.[5] Medicalisation describes a process by which ordinary aspects of human existence such as death or grief become redefined as medical problems.[6] Once death fully entered the jurisdiction of medicine, doctors felt compelled to provide treatment for it.

Today, medical mastery over death seems to have become a goal in itself. Death is increasingly seen as a failure, rather than a natural stage of life. With the growing use of ventilators—originally developed for intensive surgeries—and devices that replace the heart's beating function, medicine now has an unprecedented ability to manipulate death.[7] In the US, this seemingly endless capacity to stretch life is fuelled in part by a fee-for-service model, which incentivises doctors to pursue costly, life prolonging treatments. Currently, a quarter of Medicare's spending is on patients in their final year of life.[8]

More widely, unrealistic expectations of medicine and pressure from families lead to requests for life prolonging treatments that might not be in the patient's best interests. All this compounds the challenges that dying people face today: professionals who approach the topic of dying with euphemisms and families wholly unfamiliar with what dying looks and feels like.

Many families do not know that patients have the right to decline treatment at the end of life or lack the confidence to do so.[9] My grandmother received radiation for breast cancer in Germany two weeks before she died, at the age of 88 years. It was clear that she was dying: the light in her eyes had started to dim, replaced by a distant stillness. Yet her daughter, constrained by medicine's potent cultural authority, did not feel that she could say no. Mercifully, my grandmother secured a spot in a small residential hospice overlooking a lake, where she was allowed to die peacefully with only palliative care.

Since the 1970s, hospice and palliative care have driven a critical paradigm shift away from harmful life extending measures, focusing instead on accepting and easing the process of dying. But they remain far too siloed and stigmatised, especially in hospice care.[10] In the US, patients lose access to their primary care doctor when they enter a hospice—a troubling, quiet signal that, since cure is no longer possible, the duty of care is over. The medical community should reinject humanity into the process of dying and retrain its focus to accompany dying people with care.

Medical professionals have an integral role in shaping societal attitudes to dying. Beyond their role as healers, clinicians are uniquely positioned to advocate for compassionate, home based, end-of-life care and advance care planning—ensuring that every patient's voice is heard and their wishes honoured. By expertly guiding families and patients through the dying process and explaining the importance of letting go and saying a proper farewell, doctors can foster a greater acceptance of death.[11] Comprehensive training in palliative and end-of-life care is essential to equip them with the confidence and compassion needed to fulfil this role. A deeper awareness of our mortality, coupled with a better understanding of patient rights, could improve everything from grief counselling to hospice care.

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I am a global fellow on end-of-life care with the Completed Life Initiative, a non-profit organisation that furthers conversations on dying and advocates for patients' rights to direct their own care.

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