

Fear of death or fear of the unknown?

Volume 11 Issue 1 - 2023

Dr. Andrea Martínez de la Vega Celorio

UNAM - Universidad Nacional Autónoma de México

Correspondence: Dr. Andrea Martínez de la Vega Celorio,
UNAM- Universidad Nacional Autónoma de México, Mexico,
Email andrea.anestesi@gmail.com**Received:** March 09, 2023 | **Published:** April 21, 2023

Opinion

Mostly people are afraid of death or of dying. We often avoid speaking about it and therefore the results at the end of life may be chaotic. As a palliative care physician, I deal with death and dying, and it has shown me throughout experience that we're not only afraid of dying... we're afraid of even thinking that one day we might die... and therefore, cease to exist. This is called thanatophobia. The origin of this word derives from the Greek God of Death "Thanatos" and the fear of everything related to dying: the moment, the process, the idea of, etc.¹

We are most eager to talk about weddings, births, marriage but let me tell you something important... not all of us will be born, nor grow, maybe some won't get married, others will not be able to enjoy parenthood but in the end, we are all going to die.

What is death? Death is an irreversible state, a biological event of unbalance and cessation of critical and vital functions of the whole organism, leaving no organ or cell to function and regenerate. (2) Some would say death is only when we have brain death which includes the cessation of regulation of breathing and heart beating, but Death goes even further.²

Diagnosing death should be easy, but even as doctors, we are taught to avoid it. It is considered a failure as a doctor that a patient dies. People can think badly or poorly if they get to learn that a patient died whilst you were treating him or her.

Death is a natural part of the circle of life, the last part and what I believe gives meaning to living but we are not taught to deal with it with naturality. Instead, we treat death as if it was some kind of punishment or threat and even something that can be avoided with technology.³

If we were more open to talk about death, we might also be more prepared to embrace it and plan for the last days of life.⁴

Death and dying is the only certainty in life and talking about it might give us the opportunity to die as we would like to die and respect the way others would like to part from this world.

The last moments of life are crucial for everybody, and I certainly believe that for most of us... dying without suffering is the most important issue, so now I ask you, are we afraid of dying or of the unknowing part of suffering and not knowing what comes next?

What happens in the last days of life? Patients can have physical pain and suffering, but they can also have spiritual ailment that should be taken care of to ensure a peaceful departing from this life. But also, we have a coordinated irreversible disfunction of all organs. Patients will have their vitals fluctuating throughout the last days, also, skin issues as Kennedy ulcers and blood migrating patches appear, urine volume decreases, they no longer defecate, they are always tired and have less and less relation with the environment, they have "hallucinations" about the loved ones (previously diseased) being there with them and breathing gets labored with wheezing, heart rate becomes irregular and then it all collapses and we die.⁵

If you would have the chance to plan ahead and decide to die peacefully and without pain and suffering... would you take that path? In doing so there are several things we should consider, one of them being the goals of care. For this we must establish prognosis and treatment options with pros and cons of every single treatment available. We must do this in a compassionate and loving way so we can ensure that those involved can achieve what they need and want.⁶ After establishing goals of care we must talk about cardiopulmonary resuscitation (CPR) and the consequences of doing it and not doing it always taking into account the patient prognosis. The ideal on this topic is to have spoken about it before the dying process.⁶

Besides medical issues as deactivating cardiac implants and needs of hemodialysis something that should be also discussed is the place of death... whether it will be at home, in hospice care or in the hospital in a normal room or an ICU death. This should never be overcome, for it is as important as CPR. We must abide to patient's desire of where to die, and also, take into account with whom would they like to die.⁷

Some issues that most of the time are not considered are the spiritual and religious need of a patient... dying or not in the dying phase. I believe it is of utmost importance that they can be at peace with the prognosis and the fact of dying and also at ease with the higher power they believe in. We must have cultural humility to embrace and respect each and every one of the different culture positions in this stage of life.⁸

At the end of life, what people consider most important may differ from what we as physicians consider important. We must learn to listen with acceptance and respect of the traditions and cultural heritage every patient carries through life and death.⁸

As doctors, we are but guides to those who are ill or dying and must never impose our values and cultural traditions. We should be very respectful as how to express ourselves, allowing always for free emotional expression without judgement and respecting bereavement length and manifestations.⁸

We must remember that palliative care does not end with the patient dying and that after death the loved ones of the diseased will need help with funerary processes and grief counseling. Families

and friends of the departed one will need guidance and counselling through the process of accepting that things will be different from this point further.⁹

Let's understand that bereavement, mourning, and grief are not the same. Bereavement is the situation when someone close dies. Grief is the natural response to loss involving feelings, physical responses, behaviors, and the whole person's sphere. Mourning is the process where we can integrate and adapt to those changes.⁹

Many grieving people may present depression or anxiety which may need the use of antidepressants and anxiolytics and others will resolve and go through it with just the right support group and both options are correct, it will depend on the person's needs.¹⁰

Death and dying give meaning to life but also leave scars to those "left behind". Bereavement and grief are not so easily handled and therefore there must always be resources for helping if the person needs it. So, if we speak about death and dying, we would be less afraid of it and of the "no knowing" what's happening next. We could live more mindful and less scared of what may come and actually start enjoying life as it comes.

Acknowledgments

None.

Conflicts of interest

The authors declare no conflicts of interest.

References

1. Collins J. Thanatophobia: The Fear of Death. 2018.
2. Griffiths RK. Diagnosis of brain death. *Br Med J*. 1980;281(6255):1639.
3. Quiles R. The diagnosis of death. The litmus test in medical practice. Mistakes and much to learn. *International Gazette of Forensic Sciences*. 2018;29:13–45.
4. Wiese M, Stancliffe RJ, Read S, et al. Learning about dying, death, and end-of-life planning: Current issues informing future actions. *J Intellect Dev Disabil*. 2015;40(2):230–235.
5. Cragno A, Panizoni E, Lenta R, et al. The dying process in medical education: Perceptions of medical students. *Educación Médica*. 2021;22(6):456–465.
6. Harman SM, Bailey A, Walling AM. Palliative care: The last hours and days of life. Official reprint from UpToDate. 2022:1–48.
7. Steinhauer KE, Clipp EC, McNeilly M, et al. In search of a good death: observations of patients, families, and providers. *Ann Intern Med*. 2000;132(10):825–832.
8. Carey E, Sadighian M, Sudore R. Cultural aspects of palliative care. Up to date [Internet]. 2022:1–44.
9. Shear K, Reynolds C, Simon N, et al. Bereavement and grief in adults: Clinical features. UpToDate [Internet]. 2022:1–46.
10. Shear AMK, Iii CFR, Simon NM, et al. Prolonged grief disorder in adults: Treatment. *APA*. 2023.