Mourir aujourd'hui : modalités de mourir ; causes de la mort ; la « médicalisation » de la mort

Abstract:

There is relatively little medical scientific research devoted to the study of death, as compared with the research devoted to the study of pathology and also in discrepancy with the dimension, complexity and the variety of causes and mechanisms of death; except for pathological anatomy and forensic medicine, the other medical disciplines are insufficiently approaching the issues of death, including also the palliative medicine (usually called, due to its dominant character, palliative care). An explanation could be that the physician, due to his nature, is meant to defend life, to fight against the death, because the death is similar with a failure, while only the healing is challenging and rewarding. In reality, the physician, and generally speaking the medicine, is healing in a very small proportion (the physician sometimes heals, often improves, always comforts); moreover, physician's human condition towards his own death, that scares him and from which is instinctively distancing himself, is added. On the other hand, thanatology – the discipline whose object is the study of death – is less attractive for the physicians as well as for other specialists and its contribution to the clarification of the great mystery of death is still expected. Nowadays' human death dimension is impressive: over 52 million deaths per year, related to demographic explosion and ascension of demographic ageing, emergent and re-emergent epidemics, incurable diseases (so many that medicine is still not able to take control over), poverty, but also its opposite, overabundance, source of 'civilization', behavioural pathology. Beyond the quantitative evolution, the ways to die have also changed and the exogenous determinism overlaps the endogenous, the 'genetic death', through 'program exhaustion', being more and more short circuited, In spite of the mortify exogenous aggression, the natural death, denied by the majority, exists in old age, being named by us 'gerontological death'. The denial of the natural death has determined its excessive 'medicalization', less known and recognised aspect, that will be further detailed in the present paper. The ways to die – causes, ages, dying places, social context, cultural influences and other – are changing during time and the influencing factors of this dynamic are necessary to be studied and known. To die today means to die always because of 'something', to not die 'chez soi'; to die more and more at an old age; to die in many ways due to various causes and conditions; finally (a great gain) to die, more and more, in specifically adapted care, based on palliative model.

Keywords: *death, ways to die, medicalization.*