

Dying can be complicated

Dato' Dzul kifli Abd Razak

Article

New Sunday Times - 04/10/2005

WE all acknowledge that life can be full of ironies. Indeed, some would say that is what makes the world go round.

As though that is not enough, in the last one week alone, we also learn that death, too, can be part of that irony. There are at least two cases in point to illustrate this.

First, it was the death of Pope John Paul II at the age of 84 on April 2 after a long and amazingly vigorous battle with his body's infirmities.

What began as a simple urinary tract infection later triggered a cascade of medical problems.

Ultimately, it left the Polish-born Pope clinging to life from a seeming innocuous infection — which in most cases would be easily reversible.

Unfortunately for the Pope, who was named Karol Jozef Wojtyla at birth, it turned life-threatening, given that he was elderly and was also suffering from Parkinson's disease, a brain disorder characterised by the impairment or degeneration of certain brain nerve cells.

Pope John Paul II was treated by a team of four physicians in his Vatican apartment after he was deemed too sick to be moved to a nearby hospital, where he was previously treated for a throat condition.

Other reports indicated that he did not plan to go back to the hospital, preferring to die in the privacy of his papal environment.

His private secretary was quoted as saying, "the fact that he has not gone back" to the hospital indicates that he is "ready to give up and to say, 'It's finished'".

In the pre-dawn hours, his heart and kidneys began to fail, brought on by a high fever from the urinary tract infection and compounded other prevailing illnesses.

Although the exact mechanisms that cause death are unknown, it almost seems like the systems shut down one by one.

According to a report, the life of John Paul II, the first non-Italian pope in more than 450 years, ended with a massive heart attack.

Had the pontiff been put on life-support system, chances are he would continue to live.



WHAT DOES DEATH MEAN?
Pope John Paul II reportedly preferred to die in the privacy of his apartment. Shiavo, meanwhile, was at the centre of a raging debate.

But this was not to be, although a few days before, doctors inserted a feeding tube through his nose.

In fact, geriatric specialists speculated he might have required a permanent tube into his stomach, evoking parallels with a bitterly argued case of an American woman who was suffering at the same time.

The woman, Terri Shiavo, 41, died a couple of days before the Pope.

The difference is that Shiavo was on life-support system for 15 years after she suffered a debilitating heart attack due to possible potassium imbalance caused by an eating disorder.

Her brain was severely damaged as a result of lack of oxygen, giving rise to a condition known as "brain dead" though most of her other bodily systems are still "alive".

This means that her "higher brain functions" — generally known to be involved in cognition, connecting us with the outside, so to speak — were essentially destroyed.

Some called this a "persistent vegetative state".

Because the part of the brain that regulates other vital bodily functions (brain stem) is not affected — the heart still beats and breathing continues.

She died on March 31, 13 days after a US court ordered the removal of the feeding tube.

This was not the first time a court had ordered it in Shivo's case.

The circuit judge who authorised the removal reportedly wrote: "Medical evidence before this court conclusively establishes that she has no hope of ever regaining consciousness."

He added that "her movements are reflexive and predicated on brain stem activity alone".

The court order provoked an unprecedented public religious and even political controversies extending beyond the State of Florida.

In the final analysis, it looks like the raging dispute is whether the use of feeding tube to assist nutrition and hydration is a form of basic medical treatment.

If so, withdrawing a futile medical therapy is something that is readily acceptable.

But not so otherwise which, according to some opinions, including the Vatican, is tantamount to euthanasia, or worse still, a killing.

In short, modernday death is no longer an easy passage. It can, instead, be a complicated affair.

With the increasing life expectancy, it is as if death can be postponed at will, attenuated by state-of-the-art medical facilities that can prolong life.

Some have taken this for granted, bombarding us with a number of tough questions, many ethical in nature.

At times, patients, their families, the professionals and institutions are all confronted with a major dilemma.

For example, at what point does prolonging a life cease to be an act of compassion and become an act of cruelty?

How different is brain-death from normal death characterised by ceasing of heartbeat?

All these have to do with what death means to us — a subject that has not been articulated as well as living, the materialistic one that is.

Too often death is perceived negatively as a permanent loss, and the fear has much to do with facing the Unknown.

For some, however, the fear is perhaps mitigated by regarding the Unknown as no more than the next phase of life.

In such a case, one would prefer to transcend it quickly and in as peaceful a manner as possible, rather than trying to hold on to life as it is currently understood.

It becomes even more difficult if the fear of loss is entangled among the living (then" loved ones), and thus not wanting to let go, although in reality the dead has long gone.

All these complexities are real, of course. Just like death itself.

What needs emphasis is for us to come closer to death long before the time comes. It also means that we must learn how life should be lived such that it is worthy entering into the next phase through death.

Pope John Paul II has reaffirmed this message well even on his very last day. May he rest in peace; may Shivo rest in peace, too.

[Terms & Conditions](#)