

Death: From the Perspective of Belief Systems and Religion Week 8

The Beginnings of Altruism and Long Term Care

Social complexity, a sense of justice, altruism and long-term care for others of their kind suffering from major disabilities, are all behavioral traits observed in primates, such as chimpanzees, other animals and in the archeological records, our archaic ancestors, the Neanderthals. However awareness of an afterlife as suggested by elaborate burial rites, probably began with modern humans in Africa well over one hundred thousand years ago.

Creation Stories, Religion and Death

From our earliest days, most if not all, human cultures developed rich creation stories to explain how the heavenly bodies, mountains, waters and lands, creatures and human beings came to be and the relationships among them, coupled in many instances, with the creation of a spiritual world and gods. These creation stories provided backbone, order and meaning for small hunter-gatherer groups, later tribes and kingdoms and within a few thousand years, whole empires. Over the breadth of human prehistory and history, probably many thousands of creation stories evolved only to pass into extinction or be absorbed and incorporated into yet other creation stores. Some of those stories were incorporated into the great religions of the last several thousand years such as Judaism, Christianity, Islam, and Buddhism, each with their own moral and behavioral codes and unique takes on mortality and the meaning of life. To which stories, in recent times, Science added its own powerful narrative. Because different belief systems may hold contrary views about the sanctity of life and the afterlife, as a society, we should try to accommodate those differing views as much as possible. But whatever those convictions might be, everyone should have the right and freedom to terminate care when they feel 'enough is enough' and are ready to 'call it a day'.

The Role of the Courts in Dying and Death

Even when some religions appear to be in decline, such as Christianity in Western Europe and even North America these days, their heritage lingers on and influences how people and the judicial systems in those countries view life and death. This is important to recognize and remember because religion and belief systems are important to billions of people worldwide and must be taken into account when the societal rules governing human behavior such as the rights of individuals to control the timing and means of their death, are changed.

Secularists may believe that humans are capable of working out what's right and what's wrong. However bills of rights have no more intrinsic worthiness, authority and 'rightness' than the religions, which preceded or coexist with them. It's important to bear this in mind because when 'supreme courts' render opinions based on bills of rights, both should be considered as the best opinions of the times they were written in – not some sort of ultimate truth. After all the American Constitution - a startlingly revolutionary document for its time – still managed to exclude slaves, women and those without property, from the vote, something 'Originalists' such as Justice Scalia in the United States, never seemed to acknowledge in his constant quest to interpret the constitution in the modern era based on the 'world-view' of the founding fathers (note the absence of mothers here) who wrote the Constitution in very different times and cultures. All constitutions and Bills of Rights are creatures of their time and survive by developing bodies of precedents and evolving in the light of changing circumstances. And the Canadian Bill of Rights and Supreme Court interpretations are no exception.

The Changing Nature of Health Care and Death

It's important also to remember that the very nature of death has changed profoundly in recent decades in response to 'advances' in health care and medicine. For most of the hundred and fifty thousand years that modern humans have been around, there wasn't much that could be done to significantly prolong life. Warfare, and other trauma, infectious diseases such as the plague, cholera, tuberculosis, yellow fever, malaria, syphilis and many others, cancer in its various forms, heart attacks and strokes took

their toll and death often occurred within a matter of days or if prolonged, there wasn't much to do except hold on with the help of pain killing plants and nursing. This was the story for much of 18th and early 19th centuries until vaccination became the norm, antibiotics emerged to control many infections, and surgical and medical advances changed the landscape of the later decades of life. Until the mid 20th century, few survived to develop Alzheimer's disease and other similar neurodegenerative diseases and those who did often found themselves in one of psychiatric institutions, where they didn't last long.

The Downside of Modern Medicine

But medical advances have not been an unqualified success. Effective evolving treatment for cancer, heart attack and stroke has meant that many survive well into the seventies, eighties and nineties and even the novelty of making it to a hundred and counting isn't so unusual today. The trouble is that many of those who make it into those later decades fall prey to one of the dementias, which rob them of their memories, judgment and sense of who they are. It's a terrible way to spend the last years of your life, bereft of dignity and all that made you who you were. It's not a position that most Canadian's these days want to find themselves in, especially if they want to call it a day, while they still know who they are and surrounded by family and friends.

This gets to the point: Modern health care has the capacity to keep people going well past their natural-due-date, and well beyond where some may want to go. This wasn't an issue only a few decades ago because more often than not, nature took its course in the form of pneumonia, or some other infection or chemical imbalance. These days however the health care system, set on its default setting of investigating and fixing whatever goes wrong, forces humans to carry on beyond their wishes. Looked at this way, it isn't assisted death that's wrong, it's repeated, unwanted interventions to keep natural death at bay that's wrong. And It's worth bearing in mind that some treatments, while prolonging life, also add considerably to the emotional and physical suffering experienced by many patients, such as the side effects of many chemotherapeutic drugs and radiation in the

management of many cancers and the social isolation of long term care facilities.

One of the prime examples of such runaway, ill advised treatment is the continued support for patients whose brain's have been effectively all but destroyed by trauma, massive strokes, or one of the dementias such as Alzheimer's disease. In all of these it is entirely possible to keep the bodies systems going in the absence of all that defines us as humans and even in the absence of much of the brainstem. That's scary. Although such herculean measures may be well justified in the short term for traumatic and ischemic/hypoxic brain injuries in the hope that meaningful recovery might take place, especially in the young and middle aged, such measures are simply not justified in late-stage dementias. This brings us back to the question of whether, because we can, should we? And what constraints, if any, should be placed on those who artificially prolong life and in the process increase suffering. It's the other side to the question of 'assisted death' but in my view equally, if not more, justified.

The ground is murkier in cases where the brain is healthy but most of the musculature is paralyzed, as is usually the case in the later stages of Amyotrophic Lateral Sclerosis (ALS), when some patients become ventilator dependent. Some patients want to go on but others, unable to move, breathe on their own and totally dependent on others for support, want an end to life. In my experience, if some are depressed, they're mostly depressed about carrying on without hope or the freedom to live their life out to the end as they wish. In my opinion, we should respect their wishes whatever they are. The same applies to some patients with Multiple Sclerosis and other sometimes severely disabling diseases. Patients often suffer considerably because we have the technical and medical means to keep them going despite the wishes of the patient.

So there you have it. There is much to think and talk about with your partner, family and friends.

References

I've deliberately included several references to Frans de Waal, a primatologist from the Netherlands who helped reshape how we think about the origins of moral behavior and even long term care and the cultural and artistic debt we owe our religious backgrounds. Here are some of the better ones. I've also referenced my own recent book, which deals with many of these questions and provides many more references.

Frans de Waal (2010) *The God-Science Shouting Match: A Response* The Opinion Pages, The Stone November 4

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Frans de Waal (2015) *Who Apes Whom?* The New York Times, September 15

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William F. Brown (2016) *Perspectives: The Evolution of the cosmos, life, humans, culture and religion and a look into the future* FriesenPress