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INFORMATION SOCIETY AND THE QUALITY OF DYING IN CONTEMPORARY TIMES

Introduction

Philosophical and sociological concepts regarding information society focus on the significance of knowledge, modernization processes and the development of technology (mainly in electronics and computer science) that contribute to the improvement of the quality of life. Do all these positive aspects of contemporary times have an impact on the quality of appropriate and humane conditions of dying?

The issues concerns us all and, consequently, it requires some thought and analysis that would result in the articulation of requirements as regards the improvement of the existing practice in this respect. The present-day world makes us think about the inevitability of death and recent events, such as the earthquake in Haiti, tsunami in Thailand and terrorist attacks in different parts of the world, make us realize how fragile and uncertain our existence is.

However, catastrophes, murders and natural mass disasters are not the most common cause of deaths. People usually die of various illnesses, among which cardiovascular diseases and cancer are the most common ones. In Poland they account for over 70% of all deaths[1]. That means that before we die, we must expect to undergo a certain period of being ill. The aim of the article is to analyze this period as regards the conditions that accompany a dying person.

1. Modern society and the medicalization of death and dying

Modern society, together with the development of medical technologies and scientific innovations contributes to the improvement of the quality of life and health and results - mainly in affluent and developed societies - in the extension of life expectancy. Several diseases that used to be fatal are curable now and in many cases medical drugs and specialist equipment enable patients to function in a fairly satisfying way. The development in medical service, pharmacology, specialist treatment and equipment has been especially remarkable in recent years.

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[1]*Sytuacja demograficzna w Polsce*, Główny Urząd Statystyczny, Departament Badań Demograficznych, http://www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_LU_podsta_info_o_rozwoju_demograf_polski_do_2008_r.pdf.

Nevertheless, there are some less optimistic aspects of the problem. The development of medical technologies and cultural changes that are occurring in wealthy and developed societies result in the shift of death and the process of dying into hospitals. Death is hidden, superseded and isolated from "normal life". Real death that is directly experienced has become a taboo subject and refers only to the dying person and the immediate surrounding (the death and mourning have become privatized). The only exception is the death of well known people such as actors and politicians or – extremely exceptional in the context of mass mourning – the death of John Paul II[2].

According to Zygmunt Bauman, modern society experiences a deconstruction of mortality; it pretends that death does not exist, that diseases can be cured and only sometimes in individual cases the medicine is helpless[3].

The transfer of death and dying to specialized institutions/hospitals is closely related to the medicalization, i.e. to the process where medicine takes over the control over the last stage of human life. That phenomenon decreased the role of family in the care over a dying person for the sake of a specialized personnel. The extreme and drastic presentation of the medicalization of death is the one of a human being switched by several pipes into a medical apparatus that prolongs his/her suffering and agony[4]. Such a sight may result in the conviction that the prolongation of suffering is unnecessary and the common practice of a burdensome therapy should be limited to the alleviation of pain and a mental and spiritual preparation to death.

Hospital as a place for dying patients has many negative opinions. It is associated with a formal and routine attitude of the personnel and a bureaucratic organization where the patient is depersonalized and treated as a particular medical case. It is the medical staff that controls the patient and decides on what and when he/she can eat, sleep, etc[5]. Death in loneliness is not infrequent in such places. It often happens that in the last moments there are no relatives or members of family by the dying person.

According to GUS (the Central Office of Statistics), the figures concerning the place of deaths in Poland show that the number of people dying at home is decreasing (from 49% in 2000 to 38% in 2004) while the number of deaths in hospitals (and to a lesser degree in hospices, other specialist institutions and old people homes) is increasing (over 50% of deaths in hospitals in 2004 and 5% in hospices and other social care institutions) [6].

The care on the part of family members is frequently insufficient, the relatives cannot apply treatment that requires specialist training, qualifications or skills. What is more, they are not able to

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[2] Inter alia: P. Aries *Śmierć odwrócona* [in:] S. Cichowicz , J. Godzimirski (ed.), *Antropologia śmierci. Myśl francuska*,. PWN Warszawa 1993; Z. Bauman *Śmierć i nieśmiertelność. O wielości strategii życia,* PWN Warszawa 1998; M. Foucault, *Narodziny kliniki,* Wydawnictwo KR, Warszawa 1999.

[3] Z. Bauman, *Śmierć…*, op. cit.

[4] A. Kubiak, *Inne śmierci. Tanatologiczne nurty we współczesnej kulturze*, „Kultura i społeczeństwo" 2007, No 1.

[5] M. Zawiła, *Religia i śmierć. trajektorie umierania i jej religijne elementy na przykładzie środowisk hospicyjnych w Polsce,* NOMOS, Kraków 2008, pp. 59–63.

[6] Ibidem, pp.70 - 71.

take care of the ill and dying person due to the changes that family is undergoing (the nuclear family model, small flats, professional work of women, etc.)[7] .

2. Post-modern society – new alternatives: hospices and euthanasia

Modern society removed death and the process of dying from home and placed it in hospitals. In the post-modern society new, extremely different alternatives and attempts appeared in order to bring back dignity to the process of dying: hospices and euthanasia.

The first hospice was founded in 1968 in the UK. It was the St.Christopher's Hospice and its founder was Cicely Saunders. First hospices in Poland appeared already in 1970s (St.Lazarus Hospice in Krakow was the first one) [8]. At present there are 190 such institutions in Poland[9]. Their aim is to provide the terminally ill patients a complex medical, nursing, psychological and spiritual help that is mainly based on voluntary work. The degree of formalization and bureaucracy is significantly lesser there than it is in hospitals.

Due to the technical possibilities of medicine to maintain life almost endlessly, another solution is suggested: it is euthanasia- the so called "death on wish" that would provide a dignified death without the unnecessary prolongation of suffering and dependence on the assistance of other people, the family members and medical staff. The moment of the end of life is determined by the ill person or his/her family. V.Jankelevitz gives the explanation to that approach.

According to him, a doctor should fight for patient's life. However, in some cases this leads to absurd. The problem appeared together with the modern reanimation techniques that can almost infinitely keep the patient alive, although he/she is rather a living organism in a coma than a conscious human being; it is vegetation, the patient breathes, the heart is beating, but is it life? Doctors may maintain the patient in such a state for a long time. Yet, it is art for art's sake. The concept of euthanasia results from the disagreement to such practices[10].

The demands to introduce such a solution together with adequate legal regulations that would enable doctors to terminate the lives of suffering and dying patients without any chances to be cured, appeared and were introduced in some wealthy western countries (e.g. Netherlands, Belgium, Luxemburg, state of Oregon, USA) where the opportunities of medicine to provide optimal conditions of treatment and to alleviate pain are the greatest.

The controversies over the appeals of euthanasia in the cases of the AmericanTerri Schiavo or the Italian Eluana Englaro are still well remembered. In Poland only in recent years such appeals ap-

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[7] Ibidem, pp.44 -45.
[8] J. Stokłosa, *Hospicjum alternatywą wobec eutanazji – jego rola w opiece nad terminalnie chorym i rodziną,* [in:] K. Gryz, B. Mielec (ed.), *Chrześcijanin wobec eutanazji,* Wyd. Św. Stanisława BM Archidiecezji Krakowskiej, Kraków 2001, p.87.
[9] M. Zawiła, *Religia*...op. cit., p. 76.
[10] V. Jankelevitz, *To co nieuchronne,* PIW, Warszawa 2005, p. 51.

peared, in which the suffering, terminally ill people ask for euthanasia. For many they are not perceived as requests for death but as dramatic calls for help in the situation where there is no medical, nursing and financial assistance or interest on the part of any medical and social services. A good example is the case of Janusz Świtaj, who is paralyzed and can breathe with the help of a respirator. Such signals show that Poland is on the eve of the debate over the legalization of euthanasia and appropriate legislative initiatives on the part of politicians as regards this problem.

According to the research of CBOS (The Public Opinion Research Fundation), 48% of Poles think that doctors should accept the wish of the suffering, terminally ill patients to be given medicine causing death. 39% have a negative attitude, while 13% have no opinion on the subject. Among the supporters young people prevail, who do not participate in religious practices, have leftist beliefs and live in big cities; more frequently they are men. It is worthwhile mentioning that the use of the word *euthanasia* in the survey resulted in the decrease of the number of supporters to 36% (with 37% opponents and 23% with no opinion) .[11]

Thus, at present there are four possible solutions as regards the place and methods of dying, with the assumption that most of us will be ill before the death and will require help from the others. They are:

- home and the help of the family – a "traditional" solution,
- hospital – a "modern" solution,
- hospice – a "post-modern" solution (including the possibility of hospice assistance at home of the terminally ill person),
- euthanasia – a radical "post-modern solution".

According to the CBOS research, Poles consider home as the appropriate place for dying (68%), only 14% think that it should be hospital, and 18% have no opinion on the subject[12]. At the same time, Poles admit that they rarely think about the end of life: 29% never think about it, 45% - rarely, and only 26% respondents admit frequent thoughts on death. [13]

Summary

It seems that public opinion should be aroused as regards dying and death being an inevitable end of our lives. The issue should find an important place in public debate and social life. Everything must be done to enable people to die in dignified and humane conditions.

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[11] R. Boguszewski. *Opinia społeczna o eutanazji*, http://www.cbos.pl/SPISKOM.POL/2009/K_142_09.PDF (01.07.2013).

[12] R. Boguszewski, *Stosunek Polaków do śmierci. Komunikat z badań.* http://www.cbos.pl/SPISKOM.POL/2005/K_098_05.PDF.

[13] Ibidem, p. 2.

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[2] Bauman Z., *Śmierć i nieśmiertelność. O wielości strategii życia,* PWN, Warszawa 1998.

[3] Foucault M., *Narodziny kliniki*, Wydawnictwo KR, Warszawa 1999.

[4] Jankelevitz V., *To co nieuchronne,* PIW, Warszawa 2005.

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[8] http://www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_LU_podsta_info_o_rozwoju_demograf_polski_do_2008_r.pdf

[9] http://www.cbos.pl/SPISKOM.POL/2005/K_098_05.PDF

[10] http://www.cbos.pl/SPISKOM.POL/2009/K_142_09.PDF

Abstract

Modern society, together with the development of medical technology and scientific innovations contributes to the improvement of life and health as well as to the extension of life expectancy. Several diseases that were considered incurable in the past can be successfully cured now. However, the positive aspects are accompanied by the medicalization of the process of dying and death itself, which are transferred to hospital. As a result, the ill person is left on his/her own. The post-modern society offers two new alternatives of dying: hospices and euthanasia.