COMMENTARY

The deaths of human beings

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In ‘When Does a Human Being Die?’ Schofield et al.1 present a definition of death focused on the ‘final denouement’ of human beings as biological organisms. Their view is such that the moment of death occurs ‘when the last process in the collection of bodily processes that maintain homeostasis finally cease[s].’1 Whilst this definition avoids certain conceptual problems there are difficulties with this view. Not least that its acceptance would mean placing death at a much later point than is commonly presumed. Arguably what is on offer is the modern equivalent of what Dungson had to say in 1833: ‘the only certain sign of real death is the commencement of putrefaction’.2 Were this account to be adopted it would clearly require significant revision to our ordinary understanding of death. In addition, we might consider if this ‘organistic’ and ‘denouement’ conception is of any practical use.

The concern is similar to that expressed by Bernat3 regarding ‘higher’ formulations of brain death: ‘By declaring patients dead who are regarded as alive in every society and culture, it con- trives a redefinition of death’. Schofield et al. offer such a contrivance, one that means not declaring dead certain patients who are commonly regarded as such. Thus, despite the title of their article, there is little to connect Schofield et al.’s definition of death to particular human beings as opposed to specific human organisms. Whilst some approaches to death can be criticised for being overly focused on the human mind, Schofield et al. can be criticised for its neglect. Reducing death to ‘the biological’ denies an essential characteristic of being human: our cognitive or psychological nature. We require a conception of death that acknowledges this aspect of human existence whilst, at the same time, accommodating our embodiment; that we both have and are biological bodies.

Personhood

The modern search for the soul is, in effect, a search for the ‘I’ of human experience. However, this endeavour has not escaped the weight of our intellectual history. The conception of self posited by Descartes’ cogito—I think, therefore I am—renews, but nevertheless reproduces, the metaphysics of body and soul, and does so in terms of the logical dualism between the material body (res extensa) and consciousness or the immaterial mind (res cognitans). The dualism of body and soul/mind suggests that whilst being a person is, certainly, a matter having a biologically human body, it is also a matter of psychology. The existence of a person entails the existence of ‘a thinking being, that has reason and reflection, and can consider itself as itself … in different times and places’.4 It implies the body is inhabited by self-aware personal identity that persists over time and, according to Vidal, signifies the emergence of our modern conception of self: ‘brainhood’ or ‘the cerebral subject’.5

As Locke4 realized, the personal identity of psychological persons is dependent on our brains’ neurophysiology. Thus, as Schofield et al. maintain, brain death need not be seen as ‘real’ biological death but, instead, as a proxy for the cessation of personal identity and what we might call the ‘substantive meaning’ of personhood.6 When we say that someone has died, we do not merely mean that some biological entity no longer functions. We mean that they, some unique mind or person, understood as a cognitive phenomena or psychological entity, has ceased to exist. Despite being a non-biological term, personhood admits of the application of the terms life and death and, furthermore, reflects the ordinary meaning of the terms.

However, our ordinary conception of death also suggests that it is a singular occurrence. Thus, Schofield et al. can be understood as preserving one aspect of the ordinary conception—its singularity—at the cost of another—its relevance for ‘persons.’ Whilst, historically speaking, it has been exceedingly rare for the demise of a biological human organism to take place some time after the death of a person, modern biomedical technologies have meant it has become increasingly common. Artificial life support can maintain the biological life of an individual in the absence of their continued psychological existence. Such ‘brain dead’ individuals have been considered ‘living cadavers’ and ‘twice dead.’7 We might, then, question if we are correct to maintain the notion that death is a singular occurrence.
Being alive and having a life

Drawing on the Greek terms zoe and bios Kushner argues the English word ‘life’ is ambiguous. She therefore suggests that there are two different senses or meanings to human death: what she calls ‘being alive’ and ‘having a life’. Furthermore, they form the etymological roots of the words ‘zoology’ and ‘biography.’ Where Schofield et al. focus on the zoological, the notion of personhood allows us to focus on the biographical or, more accurately, auto-biographical meaning of death: the loss of a person.

This distinction draws our attention to an important aspect of the commencement of biological life and human being. A severely anencephalic neonate is a human organism that may be alive (or dead) in the sense of zoe. However, they will never have a life in the sense of bios. On the account offered by Schofield et al. life begins at conception. We should, therefore, distinguish between the commencement of biological or organismic life and the point at which the fetus becomes a subject, and not just an object, of life. This does not mean the matter is easily settled; as with brain death, brain life remains a contested notion. Nevertheless such conceptual difficulties should not lead us to simply reject such notions. Rather, we might accept that situating an essentially metaphysical and philosophical conception of personhood in the empirical and practical context of biomedicine presents inherent epistemological challenges.

Implicitly recognizing that death involves biologically embodied persons, Sheets-Johnstone argues that our awareness of it originates in the phenomenological particulars of human experience. Given the role this plays with regard to personhood, the fact of our subjective existence calls into question a purely biological account of death. Even at its most basic—which is to say even if limited to an intersubjective or inter-animate awareness of self and others as such—a phenomenological perspective necessitates taking death beyond the biological realm. Dismissing a conception of death that applies to persons is misguided. Rather, we should embrace the complexity of the problem(s) raised by both the death and, indeed, life of human beings.

Death as wickedly complex

In concluding his history of brain death, Belkin critiques bioethics for mistakenly thinking that the conceptual analysis of death can provide ‘solutions to nature’s puzzles’. Bioethics has a contribution to make but this sits alongside those made by biology, medicine and, indeed, broader cultural perspectives. Thus the idea of brain death is not an intellectual ‘solution’ but a practical resolution to a particular biomedical and socio-political ‘puzzle.’ Scientific and philosophical knowledge should be considered ‘a resource for managing [and living with the] wicked complexity’ of our biological selves. Whilst their definition of death differs from those Belkin considers it is, nevertheless, vulnerable to his thinking. By placing the pursuit of conceptual purity above all else, purely philosophical attempts to define death ‘bracket off’ the phenomenological realities of not only living and dying but also of medical practice and, therefore, medical knowledge in its fullest sense. As Schumacher puts it, a ‘comprehensive analysis of death cannot bracket off such realities’. We should accept that death is a ‘wickedly complex’ problem that can, and should, be illuminated from multiple perspectives.

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References