“Death and Dying: Medical, Cultural and Environmental Perspectives ”, Kraków, 25th-26th of September 2020

Conference programme

Friday (25th of September 2020) [1]

10.15-11.00 **Opening Session** (**live streaming** [Zoom])
Co-chairs: Jan Piasecki (PhD), Marta Szabat (PhD)

Rector for Research and International Cooperation, Jagiellonian University-Medical College, prof. dr hab. Marek Sanak

Dean of the Faculty of Health Sciences, Jagiellonian University-Medical College, dr hab. Piotr Pierzchalski, prof. UJ

Chair of the Department of Philosophy and Bioethics, Jagiellonian University-Medical College, prof. dr hab. Jan Hartman

Friday (25th of September 2020) [2]

Keynote lectures

(**live streaming** [Zoom])]) co-chairs: Jan Piasecki(PhD), Marta Szabat(PhD)

11.00-11.45

Withdrawing and withholding life-saving treatment, the equivalence thesis, and morally permissible moral mistakes

Prof. Bert Gordijn, Director Institute of Ethics, School of Theology, Philosophy, and Music, Dublin City University, Dublin, Ireland

11.45-12.30

Is suicide tourism a moral phenomenon?

Prof. Daniel Sperling, Department of Nursing, University of Haifa, Haifa, Israel

12.30- 13.15

Family involvement in end-of-life decisions: law, practice and theory

Nili Karako-Eyal (PhD), Haim Striks School of Law, The College of Management, Rishon LeTsiyon, Israel

13.15-14.00

End-of-life issues in the context of biopolitics

Prof. Anna E. Kubiak, Institute of Philosophy and Sociology, Polish Academy of Science, Warszawa, Poland

Saturday (26th of September 2020)

Keynote lectures

(**live streaming** [Zoom])]) co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

11.00-11.45

Dying and becoming in long-term cancer survivorship

Prof. Jeanette Bresson Ladegaard Knox, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark

11.45-12.30

Addressing death and dying in therapeutic talks

Bernadetta Janusz (PhD), Family Therapy and Psychomatics Department, Chair of Psychiatry, Jagiellonian University Medical College, Kraków, Poland

12.30- 13.15

The new legal definition of death in Poland as a philosophical and theological problem

Prof. Krzysztof Leśniewski, Faculty of Theology, Catholic University of Lublin, Lublin, Poland

13.15-14.00

Frida Kahlo’s life in living death and its artistic transgression

Prof. Zygmunt Pucko, Department of Philosophy and Bioethics, Jagiellonian University Medical College, Kraków, Poland

Joanna Przybek-Mita (PhD), Instytut of Health Sciences, College of Medical Sciences, University of Rzeszów, Poland

Parallel Sessions (YouTube)

Session 1

Legal and Ethical Aspects of Patient Autonomy (part 1)

co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“What`s wrong with the statement of the American Association of Suicidology?”, Yael Lavi, School of Philosophy, Linguistics and Science Studies, Tel Aviv University, Israel

„’Assisted suicide’ in European Court of Human Rights based on Pretty v. The United Kingdom case”, Ewa Góralska, Faculty of Law and Administration, Jagiellonian University, Kraków, Poland

“Respect of the dying patient autonomy”, Valerya Sokolchik, Department of health care of Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus

“The living will: a case-based ethics review”, Marcia Sokolowski**,** University of Toronto and Waterloo University, Toronto, Canada

Session 2

Legal and Ethical Aspects of Patient Autonomy (part 2)

co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“Consonance of emotions and reasoning about death”, Andjelija Milic University of Rostock, Germany Institute for Philosophy, Rostock, Germany

“Future life like ours? Rethinking Marquis and reformulation of comparable lives theory in the discussion on the wrongness of violence and badness of death”, Maciej Kałuża**,** Institute of Philosophy and Sociology**,** Pedagogical University of Kraków, Poland

“Legal aspects of cryonic suspension in the light of patient autonomy”, Michalina Waniewska, Jagiellonian University, Kraków, Poland

Session 3

Medicine and Palliative Care

co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“Disagreeing on death in medicine: the case for pluralism in death determination”, Ivars Neiders, Riga Stradins University, Riga, Latvia

“Ethical dilemmas faced by the palliative care physician”, Michael J. Kozlowski, Jagiellonian University Medical College, Kraków, Poland

“Approaching death awareness”, Justyna Koniczuk-Kleja, Jagiellonian University Medical College, Kraków, Poland

Session 4

Anthropology and Sociology of Death and Dying

co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“Organ transplant in present-day Japan: reasons behind low numbers of deceased donors”, Justyna Czekajewska, Department of Social Sciences and Humanities, Poznan University of Medical Sciences, Poznan, Poland; Aleksandra Jaworowicz-Zimny, Department of Cultural Studies, Nicolaus Copernicus University in Toruń, Toruń, Poland

“Cancertainment. How entertainment may help people with (and without) cancer?”, Łucja Lange, Sociology Institute, University of Lodz, Literary Research Institute, The Polish Academy of Sciences**,** Łódź, Poland

“Death as a tourist attraction. Socio-cultural determinants of thanatourism development”, Anna Sarzyńska, Department of Contemporary Culture Research, at the Sociology Institute of the Jagiellonian University, Kraków, Poland

Session 5

Psycho-Oncology, Anthropology and Philosophy of Death and Dying co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“The role and importance of family support in oncological or long-term disease”, Paulina Hornik, University of Silesia, Katowice, Poland

“The death of the subject? Lévinas’s fragile subjectivity in the context of substitution and psychopathology”, Martyna Iwanicka, Jagiellonian University, Kraków, Poland

“The phenomenological approach to posthumous harm”, Maria Onyszkiewicz, University of Warsaw, Warsaw, Poland

“Gabriel Marcel’s thoughts on hope in the light of research done on young and adult patients with life-limiting or life-threatening illnesses receiving palliative care, as well as parents of children in palliative care”, Marta Szabat, Jagiellonian University-Medical College, Kraków, Poland

Session 6

Cultural and Environmental Studies on Death and Dying

co-chairs: Jan Piasecki (PhD), Marta Szabat(PhD)

“«One of the most significant books of this era»: the publication history of the volume «The Meaning of Death» (1959) and its implications for the early history of thanatology”, Irina Romanova, independent researcher, Cyprus

“Death has to do with destruction, yet none of the things in the cosmos is destroyed. ‘Thanatos’ in the light of the hermetic phenomenon”, Agata Sowińska, University of Silesia, Institute of Literary Studies, Katowice, Poland

“Style and ideological changes in depicting of death in European art from Roman antiquity to the Renaissance”, Barbara Bojdo, Jagiellonian University-Medical College, Kraków, Poland

Abstracts accepted for presentation (in alphabetical order)

Style and ideological changes in depicting of death in European art from Roman antiquity to the Renaissance

Barbara Bojdo, Jagiellonian University-Medical College, Poland; barbara.bojdo@gmail.com

Depiction of death is particularly interesting theme in European art beginning from antiquity to modern times. This presentation will be mainly focused on iconographic themes associated with death, such as representations of passing in antiquity including architectural forms, e. g. mausoleums and iconography shown on Roman sarcophagi (I BC - IV AD). Works of art in which the significance of death was presented in a religious context, such as iconographic programs of decorative portals from Romanesque period as well as tombstone monument in the transi (cadaver) type which spread all over the Europe in the art of the late Middle Ages (XII-XVI c.) will be discussed. Works of art will be analyzed in a relation to their function and also in regards to the iconographic program contained therein. Furthermore, the sociocultural aspect of art will be shown. This aspect is fundamental for depicting death in discussed periods, in particular with an emphasis on the maxims: “Memento Mori” and “Vanitas vanitatum et omnia vanitas”. In reflecting on passing away during the Romanesque period the particular emphasis will be placed on the issue of the prevalence of the Last Judgment and Purgatory representations. The presentation will also analyze the question of whether the image of passing away in the past periods may have significance for contemporaries.

Dying and becoming in long-term cancer survivorship

Jeanette Bresson Ladegaard Knox, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark, knox@sund.ku.dk

Contrary to common assumptions, surviving cancer does not automatically eliminate physical, social and psychological suffering. Late effects are common among survivors. In my work with long-term cancer survivors, I have however come across a form of late effect that falls outside of the traditional psycho-social and physical understanding but one that seemingly can be as challenging and grave. A cancer experience can leave a significant mark on survivors and launch a fundamental upheaval of existence that creates a disconnect to self and a weariness about life direction. For a segment of survivors existential and moral questions such as 'where is the self I used to be?' or 'what really matters now?' are posed again and again as they simultaneously deal with late effects such as sensory impairments and neuropathic pain or lymphedema and fatigue or fear of relapse and social isolation. This presentation uses the lens of Heidegger's notion of death as a possibility for being and Kierkegaard's idea of selfhood as a relation that relates to itself to illustrate the upheaval of existence as it lingers on in the lives of some long-term cancer survivors. Through these lens the presentation shows how their experiences can inform long-term cancer care programs.

Organ transplant in present-day Japan: reasons behind low numbers of deceased donors

Justyna Czekajewska, Department of Social Sciences and Humanities, Poznan University of Medical Sciences, Poznan, Poland, justynaczekajewska@gmail.com
Aleksandra Jaworowicz-Zimny, Department of Cultural Studies, Nicolaus Copernicus University in Torun, Torun, Poland, zimnya@umk.pl

Japan is one of the countries with the lowest number of registered deceased donors according to the International Register of Organ Donation and Transplantation. In 2019, Japan was ranked 61 out of 70 countries. The authors tried to explain the reasons for this phenomenon. In the first part of the speech, the topic of death and transplantation will be presented in the light of cultural factors such as the influence of religion (Sithoism and Buddhism), the gontai manzoku tradition, or the importance of altruism and the family model in Asian culture.

The second part of the speech will present the arguments of Alan Shewmon, who believes that brain death is not death in the biological sense. Therefore, according to him, modern medicine should strive to develop accurate methods of monitoring the brain during resuscitation. Some Japanese scientists, for instance Tetsuo Kanno and Isao Morita, agree with the conclusions of the American neurologist. They continue therefore their research on development of an innovative method that would awake patients from a coma.

The third part compares the results of JOTN, IRODaT and the Fact Book of Organ Transplantation 2018 in Japan in 2010-2018.

Withdrawing and withholding life-saving treatment, the equivalence thesis, and morally permissible moral mistakes

Bert Gordijn, Director Institute of Ethics, School of Theology, Philosophy, and Music, DCU, Dublin, Ireland, bert.gordijn@dcu.ie

This talk focuses on a thought experiment originally presented by Sulmasy & Sugarman (1994), and the discussion it triggered about the moral equivalence of withdrawing and withholding life-saving treatment. Contrary to the communis opinio in bioethics, Sulmasy and Sugarman argued that the difference between withdrawing and withholding life-saving treatment holds moral significance. Following a brief discussion of responses to their paper, I will discuss Emmerich & Gordijn (2018) who present a constructive reinterpretation of the thought experiment, drawing on the idea of suberogatory acts or morally permissible moral mistakes.

Emmerich, N., & Gordijn, B. (2018). A morally permissible moral mistake? Reinterpreting a thought experiment as proof of concept. Journal of bioethical inquiry, 15(2), 269-278.
Sulmasy, D. P., & Sugarman, J. (1994). Are withholding and withdrawing therapy always morally equivalent?. Journal of medical ethics, 20(4), 218-224.

„Assisted suicide” in European Court of Human Rights based on Pretty v. The United Kingdom case

Ewa Góralska, Faculty of Law and Administration, Jagiellonian University, Kraków, Poland; e.goralska@gmail.com

The aim of this speech is to discuss the issue of the lawfulness of assisted suicide based on the provision from the European Convention on Human Rights. Particularly the emphasis will be put on the Pretty v. The United Kingdom case, focusing on articles 2, 3, 8, 9 and 14 of the Convention. The main controversy of the topic is: should a person, who is terminally ill, paralyzed from the neck down but with full mental and intellectual abilities, be able to commit suicide with the aid of another person? Each of beforementioned provisions from Convention will be analyzed from three points of view: the applicant (Pretty), the United Kingdom Government and the European Court of Human Rights.

The role and importance of family support in oncological or long-term disease

Paulina Hornik, University of Silesia, Katowice, Poland, paulina.karolina.hornik@gmail.com

The belief that the benevolent presence of other people has a beneficial effect on the health and well-being of an individual seems to be more and more frequent in the social consciousness. Among the most important types of social support in cancer, the pro-health support that patient receives from his family is of particular importance.

The presentation aims to show the importance and function of family support to a person who has been affected by an oncological or long-term disease. It will also outline the difficulties this type of support may encounter.

The analysis of the issues shows that, from the suspicion of the disease, through diagnostics, to the confirmation of the diagnosis, the patient is accompanied by a constant sense of unknown health and prognosis, which generates a strong emotional tension. The vision of a serious, chronic, life-threatening disease triggers many difficult questions to which there is usually no simple answer.

The new situation in which a person is placed forces him to reflect on his existence, changes the form and the way he has lived so far, introducing many limitations and focusing on the disease. In these circumstances, social support, and especially the support of the closest family, takes on special importance. Family support plays an extremely important role when a sick person is a child. The natural environment for a child is the family home. Therefore, there is no doubt that home care is the best form of care for children with terminal diseases who are not undergoing hospital treatment during a given period.

The speech also refers to a qualitative research article by a Brazilian team of nurses (A. M. de Oliveira Salimena, C. Aparecida Sales and J. Wakiuchi, „Caring for a family member: existential feelings of cancer patients”). The everyday life of patients and their caregivers who are members of one family is characterized by an extremely close relationship that can both strengthen bonds and reciprocity between them, and trigger conflicts and misunderstandings expressed through various emotions. It is doubly difficult because cancer patients experience both their own emotions related to the disease and treatment process, as well as characteristic feelings and anxieties that permeate the family environment in which the process of their care and treatment is carried out. Noticing genuine commitment and attention from family members prevents the feeling of being addicted or being the object of unpleasant duties that sometimes felt by patients, and is conducive to the constructive resolution of any problems that may arise during the care process. Patients who were genuinely cared for by their families, between the difficulties caused by the disease, found an opportunity for their development. Their lives took on a new meaning thanks to the deepening of the bond and the sense of appreciation and gratitude for the attitudes of those who offered them care, time and an understanding presence. The existence of a good, deep relationship is essential to good family care. When caring is intertwined with love, affection, and kindness, the attitudes and feelings present in the process of commitment and attention to another come from a genuine desire to be there for the other. When caring is a consequence of love, it happens naturally.

The death of the subject? Lévinas’s fragile subjectivity in the context of substitution and psychopathology

Martyna Iwanicka, Jagiellonian University, Kraków, Poland, martyna.alicja.iwanicka@gmail.com

The death of the subject? Lévinas’s fragile subjectivity in the context of substitution and psychopathology Emmanuel Lévinas portrays in his works the subject as a fragile (vulnérable) phenomenon. French philosopher presents the subject in especially fragile moments of its transformations. The transition of the subject from the impersonal *il y a* through closed hypostasis to the desire of Self culminates in the separation of substitution for the Other. This readiness to be for someone else, which may result in death, emphasizes the tension present in the subject. This call for substitution may be interpreted as a certain extreme of the Heideggerian postulate of being-towards-death or even annihilation of the subject. Recognising the subject in its moments or flashes reflects Lévinas's attempt to oppose the totalizing ontology. However, such a fragile structure of the subject, especially in the horizon of substitution, threatens its boundaries. There is a risk that the subject so focused on the Other may lose itself. In this presentation I will outline the relationship between these threats and possible psychopathologies. It will be presented by analysing the substitution for the Other as a possible destroying of the subject. From the philosophy of psychiatry point of view it may be comprehend as a form of schizophrenia (in terms of Antoni Kępiński). I will argue that it is possible to transfer the description of psychopathology to the philosopher’s lexicon. Therefore, it is a part of contemporary attempt at checking the suitability of Lévinas’s project to the philosophy of psychiatry in the context of the death of the subject.

Addressing death and dying in therapeutic talks

Bernadetta Janusz, Family Therapy and Psychomatics Department, Chair of Psychiatry, Jagiellonian University Medical College, Cracow, Poland, bernadetta.janusz@uj.edu.pl

The parental response to grief is reported to be more intense than other types of grieving, more pathological and complicated and the adjustment is reported to be more intense and more prolonged than in other forms of loss. In the attachment theory the acute grieving is understood as the discrepancy between internal reality (proximity seeking) and external reality (physical inaccessibility of the attachment figure). The talk will present the results of the research project, in which the couple therapy sessions dealing with grieving process after the perinatal loss of the couple's children were examined. The data are collected from video recorded sessions of grieving and PTSD related couple therapy processes. By using conversation analysis as the method, the research shows in what way the utterance-by-utterance transformation contributes to process of change in a more macroscopic time, spanning over the continuum of psychotherapeutic sessions. The preliminary observations let us describe specific types of participants' oscillation between impersonalized medical references to children and personalised references to them.

The talk will also address the main directions of therapeutic work that aim at helping parents to understand recurrent images of their children and their death, as well as other acute grieving related experiences such as the phenomena related to suddenly terminated bond and different expressions of longing.

Future life like ours? Rethinking Marquis and reformulation of comparable lives theory in the discussion on the wrongness of violence and badness of death

Maciej Kałuża**,** Institute of Philosophy and Sociology**,** Pedagogical University of Kraków, Poland, maciej.kaluza@up.krakow.pl

The formulation of comparable lives theory (Quinn 1984, Marquis 1989) was formulated specifically to show the moral wrongness of abortion, becoming an important reference point in the harm theory. In the original formulation, the wrongness of killing was derived from the fact, that killing deprives an individual from a life like ours. In the argument against abortion, such judgement is arguably derived from the fact, that the fetus does not yet possess a life and experience. Hence, in the bespoken proposition, it is only possible to imagine the wrongness of the act of killing by comparison towards the lives of others. There are obviously many problems with this theory, one being it overly generalises the element, towards which the wrongness of killing is compared. There is, however, an interesting aspect of using a comparison of lives, as proposed by Marquis, which, I will claim, can be used to develop our understanding of direct wrongness of violence. Furthermore, it may be used to support the thesis, that for the victim of physical or emotional violence, not leading to death, the result of surviving harm and suffering may be, on basis of the comparative theory I develop, judged as worse than death itself. The core of the argument is, that the surviving victim of violence is the only being, able to use comparative judgement considering the deterioration of his/her quality of live. This harmed person can compare the live before the crime and argue that this life was interrupted by the occurrence of violence. He or she can then compare the current situation of experienced trauma to the theoretical prolongation of live from before the occurrence of violence and on such comparison judge as to the level of harm caused by the event. On basis of such comparative theory I wish to return to the concept of comparison of surviving violent crime to violent crime ending in death and relate to the discussion, whether, on basis of the bespoken comparative judgement a person might argue that what has happened to him or her is worse than death.

Family involvement in end-of-life decisions: law, practice and theory

Nili Karako-Eyal, Haim Striks School of Law, The College of Management, Israel,
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The literature in social science, bioethics, and law on withdrawal and withholding of life-prolonging treatment is voluminous. However, what is hardly examined is the impact of legal rules on medical practice in the context of end-of-life decision-making. This research is part of a wider project which propose to fill this gap. More specifically, it addresses the status of family members in end of life decision- making.

The choice to focus on family members is not random. Previous research suggests that family members have an important role in making end- of- life decisions. Moreover, they treat the patient, stay by his side and have multiple connections with the medical staff. As such they are an important source for information and may shed light on the status given to them or taking by them in the decision- making process.

The paper starts by presenting the legal status given to family members in the Israeli Dying Patient Act 2005. It continues by presenting the findings of an empirical research which included 24 interviews with family members of terminally-ill patients.

The discussion will show that there are gaps between the existing legal rules and family involvement in end- of- life decisions. More specifically the research will show that while family members are given a limited status in Israeli Dying Patient Act 2005, they consider themselves important partners and play an important role in the decision-making process.

The paper continues and suggests a critical analysis of these findings, based on two philosophical approaches to the idea of autonomy: liberal individualism v. relational autonomy. This analysis will lead to the consideration of legal and policy changes to the current Israeli law.

Approaching death awareness

Justyna Koniczuk-Kleja, Clinical Psychology Specialist, Psychotherapist, certified Psycho-oncologist. Employee in the Palliative Care Unit at University Hospital in Kraków, and at the Jagiellonian University Medical College, Kraków, Poland, justyna.kleja@uj.edu.pl

People confronted with the approaching end of life demonstrate a unique state of mind, which may fill those around them – both their loved ones and those providing professional care – with consternation or confusion. Patients seem to be aware of their serious condition and completely dissociated from how much their life is at risk at the same time. Elizabeth Kübler-Ross (1969) introduced a concept of stages of grief the patient may potentially experience when they are approaching the end of life. It gives us a certain explanation of the psychology of the dying, yet still insufficient in order to fully understand what happens to the mind at such time. Citing Winnicott and Franco de Masi (2020) note that what constitutes the self is the idea of our own development and the possibility of projecting it into the future – without it, our self is at risk of disintegration. Our own death causes anxiety similar to that accompanying psychosis – which is equivalent to psychic death. This thought brings us closer to the concept of "double awareness", which derives from relational psychotherapy – based on the achievements of analytic theories such as the object relations theory, the attachment theory, the self-psychology, and interpersonal psychoanalysis. The notion of "double awareness" was introduced by Rodin and Zimmermann in 2008 (Rodin and Zimmermann, 2008). The authors challenge the traditional views on the ubiquitousness of the "denial" mechanism among the terminally ill. Their concept of double awareness takes into consideration the impossibility of avoiding awareness of death in the face of advanced disease, even if the patient continues to fully engage in life. A reformulation was proposed, according to concepts referring to relational theory regarding dissociation as the basic defensive operation and variable integration of self-states.

Ethical dilemmas faced by a palliative care physician

Michael J. Kozlowski, Clinic of Pain Treatment and Palliative Care, Chair of Internal Medicine and Gerontology, Jagiellonian University Medical College, Kraków, Poland, mj.kozlowski@yahoo.com

Palliative care physicians are constantly faced with ethical dilemmas, especially relating to futile therapies or those offering dubious benefit to their patients. The complex clinical situations and variable patient preferences, as well as a scarcity of resources, that physicians encounter can make resolving these dilemmas a daunting task. In my presentation, I will discuss some of the most commonly encountered ethical dilemmas in a palliative care unit, namely those related to palliative sedation, blood transfusions, antibiotic therapy, hemodialysis, and other potentially futile therapies. I will present these issues from the perspective of a practicing palliative care physician and discuss the most important clinical, psychological, and social considerations, as well as expert recommendations and clinical guidelines. While ethical dilemmas can present a significant challenge in the palliative care unit, I hope to demonstrate some useful information and strategies to aid in their resolution based on the latest scientific knowledge and my personal experience working as a palliative care physician.

End-of-life issues in the context of biopolitics

Anna E. Kubiak, Institute of Philosophy and Sociology, Polish Academy of Science;akubiak@ifispan.waw.pl

End-of-life issues such as the question of the border between life and death, controversies around bioeconomization of the human body and commodification of life, around the ethical dimensions of terminating one's life and the consequences of legalization of assisted death are more and more objects of public and expert debate. There are broader reasons for this: the advance of medical technology, hybridization of living forms, posthumanist reflection, bioart, the unprecedented scale of ageing of the human population and the consequences of this process expressed in an apocalyptic tone, and the vision of the extinction of *homo sapiens* due to climate change. Doubt in the omnipotent knowledge of experts, pluralisation of social norms, blurring of the borders of crucial categories, social movements that resist biopolitical and bioeconomic powers are shaking the foundations of biopolitics. Despite mobilization of biopolitics and the growing expansion of the bioeconomy I will give examples of 'junction points' which are mediation-resistant, driving biopolitics into 'implosion' (in Baudrillard's sense).

Cancertainment. How entertainment may help people with (and without) cancer?

Łucja Lange, Sociology Institute, University of Lodz, Literary Research Institute, The Polish Academy of Sciences**,** Łódź, Poland**,** LangeL@o2.pl

The main goal of the paper is to bring closer the concept of "the cancertainment" as a way of spreading knowledge and reduce tension between those who suffer due to cancer and those who have only exaggerated idea of it. I would like to focus on two questions: is cancer really entertaining (and if yes, for whom)? And how cancer patients react to this name and what goes with it? I will try to show this issue from a broad perspective also introducing the positive and negative sides of such manipulation. How the TV series show the cancer patients? How the cancer patients see themselves? Can we learn anything from the pop cultural vision of cancer? And most important — does the cancertainment make the difference? Does it take off the stigma of cancer?

What’s wrong with the statement of the American Association of Suicidology?

Yael Lavi, School of Philosophy, Linguistics and Science Studies, Tel Aviv University, Israel, yaellavi@mail.tau.ac.il

“Suicide” is distinct from “physician aid in dying,” maintains the 2017 statement of the American Association of Suicidology, which was formulated in conjunction with Margaret P. Battin.[1] Ironically, both Battin, an advocate for the right to die, and Suicidologists, who seek to “understand in order to prevent,” have become partners in the bureaucratization of Voluntary Death while expropriating agency from the individual and reduce of the validity of her judgment. For this reason, the statement fails to grasp the complexity and the reluctance of the suicidal thought as an (all too) human phenomenon. I view the ethical implications of this approach as philosophically problematic not only because it distances us from understanding the suicidal experience, but also due to its erasure of the experiential, critical, and interpretive dimensions of human existence which it embodies as a sovereign act.

This pragmatic distinction, I argue, is grounded in the key processes of medicalization and legalization – processes based on concepts such as rationality, normativity, and accountability, which in their very essence undermine the suicidal thought and therefore may not be suitable criteria for investigating it the phenomenon of voluntary death, which by its essence is uninhabited and rejects reasoning.

Still, one might ask: Should not the suffering and refusal involved in any voluntary death be regarded as meaningful or understandable? But then, logically, once such factors are considered (whether in a utilitarian account of minimizing suffering or deontological accounts such as the right to liberty), we once again appear to be trying to control and explain that which inherently refuses to be tamed, clarified, and understood.

Therefore, I argue that our philosophical mission in the issue of voluntary death: to recognize and abide within this absurd and fundamental dead end and to simultaneously continue to “run up against the limits of language.”[2]

The new legal definition of death in Poland as a philosophical and theological problem

Krzysztof Leśniewski, Faculty of Theology, Catholic University of Lublin,
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In the announcement of the Minister of Health of December 4, 2019 on the method and criteria for determining permanent irreversible cessation of all brain functions, a new definition of human death was introduced. According to the Legislator, „death is a permanent loss of consciousness and permanent loss of all brainstem function”. Although this understanding of death, in the opinion of experts, is based on measurable and observable medical standards, it raises many doubts with respect to the traditional criterion for the cardio-respiratory diagnosis of human death. The assessment of the new legal definition of death in Poland requires analyzing philosophical premises that could have had a significant impact on the identification of the death of a human person with a permanent loss of consciousness and a comparison of the neurological concept of death (brain death) with the Christian concept of death.

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[1] https://suicidology.org/wp-content/uploads/2019/07/AAS-PAD-Statement-Approved-10.30.17-ed-10-30-17.pdf

[2] Wittgenstein L. - quoted in: McGuinness, Brian (ed.) *Wittgenstein and the Vienna Circle: Conversations*, recorded by Friedrich Waismann, translated by Joachim Schulte and Brian McGuinness. Oxford: Blackwell. (1929/1979):68

Consonance of emotions and reasoning about death

Andjelija Milic University of Rostock, Germany Institute for Philosophy, Rostock, Germany anja.cilim@gmail.com

Speculating on the badness of death has a long enough history. It usually starts with the basic debate between Epicureanism and deprivationism. However, this topic is not only being examined for the sake of exploring the badness of death per se, but sometimes also for the medical resources prioritizing. If we turn to the latter, we'll notice the topic of prioritizing is closer to the aspect of physicians and caregivers. Additionally, this perspective is not enough since on the other side are the patients who have each their own views about death. In that case, inquiring about the relation of reasoning about death and our emotions towards it is something bringing this topic to the practical grounds sometimes put aside in the pure speculations on the matter. Therefore, in this paper, I am going to focus on the relation between meaningfulness and wellbeing as the main criteria for analyzing the usual asymmetry between our thoughts and feelings towards death. I will start from Ben Bradley paper where he asks whether these two are incompatibly different values, thus creating the additional gap between thoughts and feelings. Then, since he attaches meaningfulness to the notion of existential terror, I will try to show it can be dealt with and to some extent placed alongside the notion of well-being. I will do this from a twofold perspective: focusing on another paper of Bradley's and original existential and phenomenological thoughts about it, this time through Heidegger's understanding of death as the "impossible possibility of Dasein". This analysis will in the end try to show that meaningfulness and well-being are to a big enough extent commensurable, despite the always-possible dissonance between thoughts and feelings.

Disagreeing on death in medicine: the case for pluralism in death determination

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In 1968 the *Journal of the American Medical Association* published the report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death titled "A Definition of Irreversible Coma". The report suggested that death should be understood in neurological terms as irreversible cessation of all brain activity. Nowadays this whole brain criterion of death is almost universally accepted criterion that is used by physicians all around the world. However, almost since the time of its introduction this conception of death has been attacked from at least two different sides. Some authors have argued that the whole brain criterion of death is philosophically indefensible, and we should go back to the good old heart and lungs criterion of death. One the other hand, some other authors have defended the view that the whole brain death criterion doesn't track the concept of what does it mean to be dead in the sense that is relevant to self-conscious beings. They argue that we should be considered dead as soon as we irreversibly lose the capacity of having conscious states. As a result, one prominent bioethicist described the current situation about the criteria of death as a condition of "unstable consensus". In my presentation I'll try to explain the nature of the disagreement and discuss the reasons, why it is almost impossible to achieve the stable consensus on the criteria of death in medicine. Finally, I will suggest a solution to this problem is to move towards pluralism about death determination. I'll deflect some arguments that some authors have advanced against that solution.

The phenomenological approach to posthumous harm

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The discussion on posthumous harm is focused primarily on the subject problem – the question whether it is reasonable to postulate the possibility of posthumous harm despite the lack of a subject who could experience it. Pitcher-Feinberg's argument is paradigmatic for this approach. Both Pitcher (1984) and Feinberg (1993) bring the problem into question about the meaning of the term *posthumous harm* and seek the right reference for it. This reference is, in their view, a violation of the *interest* of the deceased, which also continues after his death. Daniel Sperling seems to be the follower of this approach. He says that human exists in two ways: as a person who has cognitive capacities and self-awareness and as a *Human Subject,* which holds interests (Sperling, 2008).

I would like to expand these considerations and show, on the basis of phenomenology, that a deceased in spite of her death continues functioning as an element of the structure of meaning given to the world by those who knew her and, as such, may be the reference of the possible posthumous harm. For those close to her, she does not disappear but rather becomes *absent,* and that absence unlike non-being is something perceivable. In phenomenology the Other is a fundamental condition of the intersubjective and objective world (Husserl, 1982). The Other and the Self together constitute a community which gives sense to that world and when the Other dies the sense given to the world still needs him.

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Frida Kahlo's life in living death and its artistic transgression

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The concept of *inner death* has a long and interesting history. Various concepts of this notion have been presented in philosophy, literature and psychiatry. One of the most important views is this promoted by Bruno Bettelheim. It is known in the scientific discourse as the 'life in living death'. Many people have experienced this phenomena at some stage of their lives and, depending on the circumstances, this condition may last for a shorter or longer period of time. In some cases, the state of living death can build up and become repeatable; in others it passes quickly and finally fizzles out. Nonetheless, it always causes great desolation and destruction to our psyche. It is an extremely traumatic existential experience that cannot be fully understood or described by means of language. Frida Kahlo was one of the people who experienced this phenomenon throughout her life. It was annihilating the internal structures of her existence from the early years of her life up to its final stage. Frida's works, treated as an attempt to overcome this state of soul, became her existential reaction to the havoc caused by living in death. With this kind of transgression she tried to defend herself against the invasion of nihility. Her paintings often reveal the narration of internal decline, being at the same time a record of her fight against it. The reflections presented in the article are of innovative character, since the case of Frida Kahlo has not yet been considered in the aspect of life in living death from the philosophical perspective, nor described by phenomenological or existential language.

“One of the most significant books of this era”: the publication history of the volume “The Meaning of Death” (1959) and its implications for the early history of thanatology

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In November 1959 McGraw-Hill Publishing House in New York published the volume “The Meaning of Death” edited by clinical psychologist Herman Feifel. According to the historians of death studies (Pine, 1977; Doka, 2003), this book marked the birth of thanatology as an academic discipline. “The Meaning of Death” is usually described as a scholarly book that reflected a behavioral science view on the subject and was composed of the papers presented at the symposium “The Concept of Death and its Relation to Behavior” held at the 1956 APA Convention in Chicago. Another common belief about the book is that it was produced and published against the strong resistance of the publishers and the academic community because at the time death was not considered to be a legitimate subject for psychological research. However a closer look at the publication history and reception of the volume does not appear to fully corroborate these claims.

This paper examines the conception of the volume “The Meaning of Death”, its publication history and reception on the basis of the documents held by various archives in the USA (first of all in the Menninger Foundation Archives in Topeka (Kansas) and Drs. Nicholas and Dorothy Cummings Center for the History of Psychology (University of Akron)). It discusses the idea of the Western taboo on death in relation to the volume and argues that the early history of death studies might be far from being clear-cut and that thanatology as a scientific discipline might be viewed as originating at the essentially public level of communication.

Death as a tourist attraction. Socio-cultural determinants of thanatourism development

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It is said to be one of the few, if not the only certainty in the world, which makes it seems non-negotiable and unchangeable. However, death is a phenomenon that undergoes significant changes over time. It was the socio-cultural processes that made what initially seemed impossible to happen - for some time now, death has also been viewed in terms of entertainment. One of the forms of implementing such an approach to death is thanatourism, i.e. traveling to places associated with death. In my research, I try to discover what thanatourism is, what factors influenced the development of this form of travel and what motivations have tourists who decide to go on this type of trips. I also reflect on the consequences of the development of thanatourism, both on the micro scale, regarding individual tourist objects visited by thanatourists, and the consequences on the macro scale, regarding the ways of social perception and approach to the subject of death.

Respect of the dying patient autonomy

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The most physicians don't learn how to deliver the truth for dying patients. Some doctors choose the paradigm of struggle for life without knowing the opinion, feelings, desires of dying people. The paternalist point of view sometimes turns to manipulation of dying person's hope through the meaningless active doings against the death. The informed consent can be a legitimate way to explain the situation for dying patient if we are willing to discuss the alternatives of treatment. The most negative consequences (ethical and legal) become realistic when trying to be a "good person", doctors discuss the bad prognosis with patient's relatives without consent of dying man and in spite of the medical secrecy.

Close connection between doctor-patient-palliative care service is necessary at the end of life of the dying patient. Every person needs to know that palliative care isn't precursor to death, but it's the way to realize normal quality of life without pain and fear. We may state the evident psychological, legal and communicative hole in relationship between doctors and dying patients.

I mean autonomy of the dying patient as a right to know the truth about illness, prognosis of life and as a right to support, understanding and respect. This is also the right to adopt the decision about your own life and death.

Special trainings/ courses for the medical stuff have to highlight the ideas and techniques of respecting the wishes and values of a dying man, learning the "right listening" and manifestation of empathy.

The living will: a case-based ethics review

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Living wills (or advance directives), as currently conceptualized and legalized in Ontario Canada, document capable clients' wishes related to medical care and treatments aimed at a future time of cognitive incapacity. As such, it is based upon the principle of precedent autonomy, that is, the projection of one's autonomy into an imagined future. While its origin is based upon good intentions, and potential benefits accrue, a number of significant challenges exist with its current use including conceptual and application limitations, and lack of coherence between the law and ethics.

Incorporating theory with clinical practice, I will present an anonymized case of a hospitalized patient who has written a living will. I will review the challenges this living will presented from the perspectives of the patient, the clinical team, and the family member acting as legal decision-maker for the patient's health care and treatment. Finally I will identify clinical and policy recommendations that I believe are worth considering with an eye to potential enhancement of the value and utility of the living will.

Death has to do with destruction, yet none of the things in the cosmos is destroyed. ‘Thanatos’ in the light of the hermetic phenomenon

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Hermetism – as a religious worldview and (perhaps) hermetic communitie(s) in the Graeco-Roman world – originated in Alexandria (ancient Egypt), where one could find the crucible of Egyptian, Jewish and Greek religious and philosophical elements. The ancient multicultural Alexandrian combination had a profound impact on the literary genre called Hermetica – the contents of the hermetic writings are a mixture of Platonism, Stoicism, Jewish influence, and the Egyptian component. Hermetica itself has had a great influence on the cultural history (starting from the first century BC, passing through the Middle Ages and Renaissance, and ending up at University of Amsterdam as an academic discipline). Nowadays, thanks to the modern editions of the ancient texts, we can recreate the perception of the particular points of life in the Alexandrian ‘mixing bowl’ of ancient cultures. One of the hermetic topics is question of annihilation, that becomes a part of every living being. In that sense, the most representative hermetic text is, inter alia, Corpus Hermeticum VIII (‘That none of the things that are is destroyed, and they are mistaken who say that changes are deaths and destructions’). Based on the particular Corpus VIII (and other thematically parallel hermetic writings) I would like to present a study on ‘hermetic thanatology’.

Is suicide tourism a moral phenomenon?

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Increase in the number of people travelling to Switzerland from all over the world to receive aid in dying. In the literature, this phenomenon is referred to as "suicide tourism".

But is this phenomenon moral? Can it be justified on substantial grounds? It seems clear that whether countries from which people travel to Switzerland to receive assisted suicide should interfere, regulate and enforce policies pertaining to such a phenomenon depends on the moral and philosophical justifications for and against the phenomenon of suicide tourism. These should be distinguished from the justifications for and against assisted suicide.

The talk will present and discuss three arguments in support of suicide tourism and four arguments against this phenomenon. It will then evaluate these arguments and conclude that there are stronger and more convincing arguments in favor of suicide tourism. These arguments provide a *prima facie* justification for such a phenomenon.

Daniel Sperling, Suicide Tourism. Understanding the Legal, Philosophical, and Socio-Political Dimensions, Oxford University Press 2019.

https://global.oup.com/academic/product/suicide-tourism-9780198825456?cc=il&lang=en&#

“Gabriel Marcel’s thoughts on hope in the light of research done on young and adult patients with life-limiting or life-threatening illnesses receiving palliative care, as well as parents of children in palliative care”

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The main purpose of the paper is to verify the theoretical framework proposed by Gabriel Marcel in his essay entitled “Sketch of a Phenomenology and a Metaphysic of Hope” against some readily available studies in the area of palliative care (PC) involving young and adult patients with life-limiting or life-threatening illnesses receiving PC, as well as parents of children in PC.

The paper is designed as an interpretative synthesis, consisting of a quality assessment and thematic analysis of the relevant articles. The analysis consists of 3 steps. Step one involves an in-depth reading of Marcel’s essay and a careful extraction of 36 categories by the author of the present paper. Step two involves in turn an in-depth reading of selected studies in the area of PC and an attempt at verifying the corresponding categories previously extracted from the essay in order to propose a synthesis of the two perspectives. Step three consists of an interpretation of the final synthesis in relation to both the 36 categories and the relevant arguments coming from 13 studies on PC within the framework of philosophical hermeneutics.

The common goal of Marcel’s phenomenology of hope and the scientific analysis offered in PC studies is to grasp and characterize the nature of hope, as well as analyze the content of personal statements (viewpoints) on the issue. Each methodology separately results with incomplete description of hope due to methodological limitations – phenomenological analysis is personally and culturally conditioned through the use of philosophical terms, the use of particular examples, metaphors whereas other scientific approaches are limited through the use of specific terms and notions. Both Marcel’s approach and scientific analysis manage to broaden the scope of knowledge on the issue of PC. However, the main difference between two approaches lies in the underlying purpose of research and the presentation of the results. On the one hand, the phenomenological method makes it possible to observe recurrent categories and motifs, which allows Marcel to discuss hope in a quite systematic and abstract fashion. On the other hand, the scientific studies of hope reveal the possibility of resorting to hope as a specific tool to cope with difficult and overwhelming situations.

Legal aspects of cryonic suspension in the light of patient autonomy

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Cryonics refers to the technique of freezing human corpse in order to preserve it for the times, when medical knowledge will render resurrection possible. In theory, freezing a patient may be conducted either before or after their clinical death, however, from the legal point of view such procedure can be carried on only after regarding a patient as dead. Even though cryonics movement is generally considered a pseudoscience, it has become pretty popular around the world since the organization Life Extension Society managed to freeze a patient’s corpse in 1967 and preserve it to this very day. Along with the popularity of the new doctrine, not only ethical, but also legal issues appeared, the evidence of which are various judicial sentences concerning this issue. One of the examples is Alcor Life Extension Foundation v. Richardson case, in which the court had to decide on whether to disinter a corpse of a patient, whose will to be cryonically preserved was ignored in the first place. The purpose of the author’s speech is to acquaint the audience with the theme of cryonic suspension being an alleged alternative to the termination of life in the context of its legal basis. Emphasis will be put on American and British rulings concerning the problem of the patient’s disposition of the right to decide about their body after death as well as examples of law regulations in several countries dealing with the proper legal classification of the cryonics term.