

# Philosophical Questions Concerning the Meaning of Life and Death

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## Abstract

The concept of death is necessarily linked to an irreversible physical change in the state of the organism as a whole. There is a process of dying and there is a process of disintegration, and death is the event which indicates the moment when the process of dying ceases and the process of disintegration begins. This moment is the moment when the brain as a whole ceases to function, when the whole brain has become irreversibly dysfunctional.

Death, so defined as the irreversible loss of function of the organism as a whole, is a singular concept. There are a number of states preceding death where it could be said that personal identity has been lost. A patient on a respirator, in a coma is still alive. Loss of consciousness does not necessarily involve strictly biological concepts, but death does. For ultimately the concept of death can only be applied to organism, not persons. A person in a persistent vegetative state is just that: alive in the most basic biological sense.

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## Keywords

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## Introduction

Is death an illness to be conquered? In many cultures death is seen as a natural and inevitable end to life. When the time of death approaches, the traditional task of the physician is to render comfort and assistance to the patient in his or her remaining hours. But in modern society death is increasingly seen as an enemy to be combated. This is a consequence of the influence of scientific medicine and is a relatively recent phenomenon. Whereas physicians formerly accepted death as natural but strove to eliminate disease, in recent years the very idea of death has come to resemble a disease to be eliminated.

This paper is primarily concerned with philosophical and ethical problems arising out of attempts to define the end point of human life.

### 1. Concept and criteria

The definition of death is not exclusively medical matter, and may be influenced by religious, legal or political criteria. Unlike the concept of disease, the concept of death cannot be exclusively determined by medical criteria. This is because it is related to more general philosophical beliefs concerning the meaning of life and death. Death has been legally defined as the absence of life, but the concept of life is rarely, if ever, defined. The shorter Oxford English Dictionary is unhelpful; it defines death as ‘the

final cessation of the vital function of an animal or plant', 'the loss or cessation of life in a part'. At this level of generality it is not immediately clear where the concept of death stands. Not only is the definition of death rather elusive, but the very meaning of definition in this context is highly ambiguous. Many neurological definition of death are purely operational, based on matters of medical fact and clinical diagnosis, and might involve arguments about whether or not the electroencephalogram is relevant. This may be distinguished from discussions over the definition of death in religious and significance of life are examined. While the technical expertise of physicians may be employed in a diagnosis of death, the definition of death embraces broader philosophical consideration such as the meaning and value of life and the point of existence.

It has been argued that physicians qua physicians have no special expertise in these philosophical problems and can deal only with technical questions relating to the conditions in which human beings display vital signs. Capron and Kass distinguish sharply between medical and extra-medical judgments when they argue, for example, that physicians can show that a person may exhibit 'total unawareness to externally applied stimuli and inner need and complete unresponsiveness', and they may predict that when tests for this condition yield the same results over a twenty-four hour period there is only a very minute chance that the coma will ever be reversed. Yet the judgement that total unawareness ... and complete unresponsiveness are salient characteristics of death, or that a certain level of risk of error is acceptable, requires more than technical expertise and goes beyond medical authority, properly understood (Capron & Kass, 1980).

Inherent in any medically grounded definition is the assumption that death is an irreversible state, which can be diagnosed in terms of the cessation of crucial cardio-respiratory and neural functions. Normally it is

assumed that death takes place at a specific moment, although from a biological standpoint death can be considered as a more gradual process.

The concept of death is necessarily linked to an irreversible physical change in the state of the organism as a whole. Although brain death is an expression that has emerged in the context of recent developments in medical science, it cannot be described as an alternative form of death.

## 2. Irreversibility of death

For in both primitive cultures and classical antiquity, as well as in contemporary religious movements, there exist deeply held beliefs that death does not mean total extinction. In many cultures death is seen in terms of a journey. Food is often provided to assist the traveller on his or her way beyond death.

Yet none of this actually contradicts the medical assertion of the irreversibility of death. Although religious practices may refer to the conquest and reversibility of death, many elaborate funeral rites indicate a recognition of the grandeur of death and stress the significance and worth of the life that has passed away, rather than the superstitious prediction of unlimited life extension. For ceremonial purposes a corpse may be spoken of as a being with mortal attributes, but is nevertheless recognised as a corpse. Food may be left for the use of the departed on his journey to the next world, but no one has ever expected the corpse to consume it.

Religious accounts of survival after death do not contradict clinical evidence for the cessation of integrated life. That death is an irreversible interruption of physical continuity is not disputed by either medicine or religion(Lamb, 1985),

Although several religious theories assert that life continues after the

separation of the soul from the body, it is extremely difficult to conceptualize this continued existence.

### 3. Brainstem death

In order systematically to analyse the concept of death being discussed by modern medicine it is necessary to distinguish between systemic death (or death as traditionally understood) and brain death. Systemic death is death defined by conventional means, i.e., in terms of irreversible cessation of cardio-respiratory function. Brain death has been defined as the total and irreversible dysfunction of all neuronal components of the intracranial cavity, that is, both cerebral hemispheres brainstem and cerebellum(Lamb, 1985).

Brainstem death is the point of no return in the process of dying, the stage at which loss of integration becomes irreversible. Patients in persistent vegetative states display no evidence of self-awareness and exhibit no purposeful responses to external stimuli. Their eyes are periodically open, and they show sleep-wake sequences. Unlike whole brain death or brainstem death, the persistent vegetative state has a potential cardiac prognosis of months or years(Lamb, 1985).

When terms like 'brain death' and 'vegetative state' are used as if they were synonymous (in proposals for euthanasia or termination of treatment) there is not only factual error but serious risk of ethical abuse. Patients in a vegetative state are not dead. No culture in the world would consider them as fit for burial, organ removal, experimentation, etc.

### 4. Brain death

A diagnosis of brain death must never be confused with concerns about the quality of residual life in vegetative states. Moreover a shortage of transplant organs should not be met by changing criteria for diagnosing death, or by the adoption of more lenient or flexible standards. Only when a human being is dead, according to criteria derived from a well-grounded concept of death, should considerations be given to the removal of usable organs.

Several philosophers have argued that human death is signified by the death of the higher regions of the brain alone. Nevertheless, terms like 'higher' and 'lower' do not have any precise physiological meaning and it is possible that such a sharp division is contrary to the facts. Some parts of the brain may be involved in both cognitive and regulatory activity(Lamb, 1985).

A clearly defined statute would counter the false hope that while the heart still beats there is a chance of recovery. References to 'giving up' and 'letting him or her go' imply that life is still present, as the heart is beating, despite the diagnosis of brain death. Some of this confusion originates in misleading accounts of brain-dead patients surviving on life-support machines. In such cases the expression 'life support' is wholly misleading. Brain-dead ex-patients may be connected to ventilators but this does not imply that life is still present. It is essential that rigorous distinctions will always be maintained between situations where death has occurred and situations where death is allowed to occur.

## 5. Moment of death

Scepticism regarding the moment of death has policy consequences which run counter to pressing medical, social, legal and religious needs, such as

making decisions regarding the withdrawal of ventilation, announcing burial and mourning times, interpreting of wills etc. There are significant events which indicate the beginning, the point of no return, and the end of the process of dying. As such, a definition stipulating that death occurs at a specific time is preferable to one which makes a vague reference to this process of dying. If we regard death as a process, then either (i) the process starts when the person is still living, which confuses the process of death with the process of dying, for we all regard someone who is dying as not yet dead, or (ii) the process of death starts when the person is no longer alive, which confuses the process of death with the process of disintegration, and death is the event which indicate the moment when the process of dying ceases and the process of disintegration begins. This moment is the moment when the brain as a whole ceases to function, when the brainstem, its critical system, has become irreversibly dysfunctional.

The kind of certainty we can have regarding medical matters such as the diagnosis of death is merely moral certainty, not absolute certainty(John Paul II, 2000).

## 6. Relationship between brain death and personal identity

The term “brain death” typically refers to the irreversible loss of all functions of the entire brain, including the brainstem. However, despite the fact that neurological criteria focus only on the functions of the brain, they are used to determine the death of the human being, not merely an organ.

Opponents of brain-related criteria for the death of the living person sometimes point out that the person cannot be reduced to the components

of the brain. But, once the distinction between criteria for the death of a person and criteria for loss of personal identity is appreciated, this opposition is dissolved. One can attribute personal identity to a being in any physical state, ranging from senility, irreversible coma, to skeletal remains or even ghostly manifestations. Criteria for a living person, however, require as a minimum the continuous integration of the organism as a whole. This is met by entire brain definition of death.

Unlike the biologically based concept of death as a loss of function of the organism as a whole, the concept of loss of personal identity is of philosophical and psychological origin and lacks clear empirical criteria. It is defined in terms of certain kinds of abilities and qualities of awareness. It is inherently vague (Culver and Gert, 1982).

Loss of personhood is hard to define and is bound up with factors as diverse as the moral stature of the person, the surrounding culture and the relationship between the observer and the person in question.

Identity of body is at least not a sufficient condition of personal identity, and other considerations, of personal characteristics and, above all, memory, must be invoked. Some have held, further, that bodily identity is not a necessary condition of personal identity (Williams, 1973).

While personal identity may, in some senses, survive physical destruction, personal life clearly does not. Death involves a sharp contrast in attitudes and reactions towards the body that once manifested human life.

Personal identity need not depend upon biologically relevant facts, but on a body image. Which part of the body is most relevant appears to be a matter of contingency, affected by custom and tradition, rather than by clinical evidence.

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“Thus when the brain dies, it is as when the soul departed: what is left are mortal remains(Jonas, 1974).” Against this Jonas rightly points out that the body is equally important.

My identity is the identity of the whole organism, even if the higher functions of personhood are seated in the brain. How else could be a man love a woman and not merely her brains? Therefore, the body of the comatose, as long as it still breathes, pulses, and functions otherwise, must still be considered a residual continuance of the subject that loved and was loved, and such is still entitled to some of the sacrosanctity accorded to such a subject by the laws of God and men(Jonas, 1974).

Human life depends on more than continuing function of the cerebral hemispheres. Death can only be determined in terms of a concept that specifies irreversible loss of bodily integration combined with the loss of any capacity for consciousness and cognition. Against all forms of dualism it is necessary to reiterate Wittgenstein’s objection of the conception of the human soul as a substance. “The human body is the best picture of the human soul”, wrote Wittgenstein in his *Philosophical Investigations*(II, iv).

Diagnosing death is a biological, not a psychological, moral or social task. A person in a persistent vegetative state is just that: alive in the most basic biological sense(Lamb, 1985).

## 7. Catholic tradition

Theologically speaking, death occurs when the soul is separated from the body, for then the body is no longer a living human body, a person, but the mortal remains of a person.

In the Catholic tradition, death is conceptualized as the separation of the soul from the body. As John Paul II taught,

“The death of the Person, understood in this primary sense(i.e., the separation of the soul from the body), is an event which no scientific technique or empirical method can identify directly. Yet human experience shows that once death occurs certain biological signs inevitably follow, which medicine has learnt to reorganize with increasing precision. In this sense, the criteria for ascertaining death used by medicine today should not be understood as the technical-scientific determination of the exact moment of a person’s death, but as a scientifically secure means of identifying the biological signs that a person has indeed died(John Paul II, 2000).”

## 8. Brain death and Organ transplant

Jonas argues(1974) that freedom for organ use is not covered by the primary rationale, that is, the interests of the patient. Jonas’s point is that the theoretical requirement to define death is one thing, and it is essential if the patient’s interests are uppermost. But the requirement for organ transplants -even to save lives - is another interest, one which must not be allowed to influence Criteria for determining death.

Jonas’s concern is not with theoretical purity for its own sake. Jonas is worried about the policy consequences of this impurity, once a need for the harvesting of organs is built into the definition of death. Stories about ‘human vegetables’ lingering on for months, when their organs could be

used to save other lives, must never be allowed to influence criteria for determining death. The fact that other humans might be capable of benefiting from organs extracted from patients in persistent vegetative states is no reason for assimilating these states with death.

The Organ transplant law of Korea does not recognize brain death as death. The family of the deceased submits an application to receive the declared brain death under the premise to donate the organs. Only in this case is the brain death recognized as death, and organ harvesting is allowed. One should raise people's awareness of organ transplantation in an appropriate manner. Post mortal donation should be possible, only insofar as brain death is legally recognized as death.

If regarding cadaveric still alive, harvesting of organs from cadaveric, whose breathing and circulatory functions are maintained artificially, is not merely to end the use of intensive medical devices, it is intended killing(Ku, 2008).

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