



THE OLD AGE AND DEATH – THE DEEPEST CRITICAL THOUGHT

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ABSTRACT

The elderly were shielded by the depersonalization of medicine brought on by individualism and competitiveness. As they get closer to the end of their lives, older patients frequently need to make peace with themselves and acknowledge their accomplishments and shortcomings. Medical professionals should therefore be considerate while speaking with patients and providing them with information. The terror of the elderly is not death itself, but rather their current state of abandonment. Death denial and terror are nonsensical because life is only given with the condition that it will end one day. In this context, the objectives of medical care are to accompany and lessen pain, not necessarily to provide therapies that attempt to extend biological life. Today's world has undergone significant changes as a result of the denial of death, which directly affect how those who are terminally ill are cared for. There has also been a significant change in how terminally ill persons pass away. This essay offers a succinct history of death as well as a look at some of the religious teachings on pain and death. It also talks on how the medicalization of death stops the dying person from communicating with their surroundings, paying off debts, forgiving and receiving forgiveness, and being fully himself in the short time they have left. This essay concludes that the correct function for a doctor to play is to 'listen' to what the patient needs. By doing this, the doctor's profession will become a more magnificent, decent, humane, and ennobling activity.

Keywords: old age, death dance, spirituality, ars moriendi, medicalization, interconsultant, claudication, ignore pain, desocialization

PERSONAL REFLECTIONS

Education prepares individuals for an individualistic society, competitive, selfish, and fearful of others influencing goals and ideologies. This consumer society conforms and strengthens itself, creating imperious needs with unattainable economic, social, and moral costs. It lacks equity, solidarity, and humane treatment, threatening the persona. Conventional education conditioned people to identify social roles as imposed and behave as if they were the most important thing in life.

The author envisioned a medicine that viewed the persona as a whole and addressed all their needs. Geriatrics provided the necessary tools for daily clinical practice, but the depersonalization of medicine has led to a loss of authentic medicine, where decisions are made together with the patient's bed and as far as possible.

The importance of self-reflection and acceptance is particularly relevant for aging individuals, as they need to recognize their achievements, forgive mistakes, and reconcile with themselves. However, they also face challenges in their present life, such as a mix of achievements and failures, maturity and immaturity, and irreversible claudication. To clarify their situation, they must understand their intimate concerns, the importance of the past, the future, and the consequences of death. In religious patients, spiritual diagnosis is crucial, and if necessary, a priest or spiritual interconsultant can be sought.

The relationship clinic has helped patients with long illnesses and religious beliefs answer questions about their preferred location in the ICU or their home. This paradigmatically shaped their preferences and anxiety, allowing for better understanding and support.

INTRODUCTION

Life is valuable and estimable, regardless of the conditions. The quality of life is subjective, and doctors must consider reason, prudence, and love when diagnosing patients. They must listen to the sick person, face their fears, and answer their questions. El Hombre has bio-psycho-social and spiritual components, and as a psychic, they can sense and discover hidden senses. Doctors must be wise and compassionate, as they are responsible for delivering life and health to those who would be opposite to them. Western culture often hides death, making it difficult for doctors to give diagnoses that point to calvary. However, the truth is always worth declaring, either directly or indirectly.



Anguish is often seen as solely a result of death, but it can manifest in various circumstances such as depression, loneliness, failed lives, low self-esteem, regrets, opportunities losses, injustices, and family issues. It is important to recognize that death is not the end of life but rather the uncertainty of a possible happy life. Life always shows value to those on the verge of abandoning it, and it is crucial to be alert and develop during these moments.

Pain to die often stems from not fulfilling life's possibilities, a poor past, or a bad life. The elderly may experience nostalgia at the end of a journey, but it is not the loss of future possibilities but the power to repeat the past. Fearing death is absurd, as it limits one's ability to love life, take risks, and believe in the future. Regular awareness of mortality can prevent a psychic breakdown and teach valuable lessons. Death, love, and life are linked and have a determinate place in the living kingdom over Earth.

Accepting death requires living one's own life, embracing it, and embracing it. If one believes their life is insufficient or disheveled, they may refuse to let it go. However, if they can forgive themselves, appreciate themselves, show gratitude, accept the unchangeable, embrace themselves, and accept their death, they can separate sanely and with satisfaction. Some believe that biomedical sciences may eventually prevent or suppress death, making it acceptable when completed with three conditions.

Life possibilities have been fully realized, moral obligations have been cancelled, and death does not harm common sensibility or rational view of human nature as finite. This biographical definition encompasses aspects of life and social imaginary.

A death meeting these criteria is a cause for sadness, but not a bad thing to avoid. The doctor's focus should be on accompanying and resolving suffering, rather than intervening to prolong biological life. Suffering can have different connotations depending on the persona, with some preferring to avoid pain and others allowing it to be experienced. Conscience can change aging, but it can also heal or destroy. Finding meaning in pain, suffering, life, and death is a spiritual necessity for humans and distinguishes them from others. The theme of plantation arises from technological advances, which have made it possible to intervene on death, its time, and form. These advancements have made it possible to prolong life and explore new possibilities.

Hedonist society promotes eternal youth by measuring artifices and rejecting signs of deterioration or distress. This tendency is typical of our psychic apparatus, which rejects pain and suffering. Offering the possibility to avoid pain is tempting, but it also involves putting oneself in the idea of death, which is distressing. Eliminating this hedonistic tendency from the gap of possibilities is crucial.

The denial of death in the modern world has led to significant changes in the way of dying. In the past, people died in familiar ways, surrounded by loved ones. However, death now predominates in hospitals, making it more difficult to live one's own death as a conscious and worthy being. This has led to the medicalization of death, euthanasia, and therapeutic incarnation, which become more relevant in the process of dying, especially in hospitals.

DEATH THROUGH THE AGES

Man's behavior before death has always been ambiguous, with three fundamental differences: he knows how to age, knows what to die, and fears death. This has led to complex magical-religious belief systems and practices that have served humanity throughout history. The Church began fighting against the pagan tradition of dancing in cemeteries, which saw death as an opportunity for renewal of life. By the end of the fourteenth century, the meaning of these dances changed, becoming more meditative and introspective.

Primitive societies believed death was caused by an unusual agent, not attributed to personality. In the Middle Ages, Christian and Muslim societies considered death as deliberate intervention and God's staff. On the deathbed, an angel and demon fight for the soul of the dying woman.

In the fifteenth century, the "natural death" emerged, transforming death into an inevitable, intrinsic part of human life. It coexisted with the immortal soul, Divine Providence, angels, and demons for three centuries.

During the Middle Ages, Europe faced a fear of death and Judgment, leading to the popular Macabre Dance or Dance of the Dead. Death was depicted as an enemy of man, with various forms of weapons and apocalyptic knights. Meditation on the earthly's expiration became crucial in this turbulent world. Religious holidays and theatrical performances attracted a large public, attracting people of all social classes. As death transformed into a natural force, people sought to dominate it by learning the art of dying well. The most popular publication was the *Ars Moriendi*, a modern guide to the business of death.

Medieval man believed in a bitter struggle between angels and devils, urging people to "die a good death" to gain the Kingdom of Heaven. The *Ars Meriendi* was created during this time, and the Hail Mary was added to the Hail Mary. The descriptions of Hell were terrifying, and salvation or eternal damnation was at stake. The enduring effect of death on human minds is exemplified in the Apocalypse, the Quran, and Dante's *Divine Comedy*. The Macabre Dance, or Dance of Death, focuses on the contrast between living and skeletons, with everyone participating from all social classes and ages.



Aries, a man from the second half of the Middle Ages and Renaissance, wanted to participate in his own death, as he saw it as an exceptional moment where his individuality received the ultimate form from him. In the 17th century, sovereignty over one's life and death was shared with their family. Romanticism saw a drama of death, with the nuclear family and its members becoming important. The concept of privacy and privacy became important in family ties. Death was considered both terrible and beautiful, and no longer associated with evil. In the 19th century, Catholicism began to understand the idea of purgatory as a passage to eternal glory. In Islam, death is natural and easy, and all deceased, rich or poor, rest in their grave until the day of Resurrection announced in the Quran.

OLD AGE BEFORE DEATH

Death and its inevitable existence have long been taboo in society, with children and young people often avoiding the subject. However, in adulthood, we begin to recognize death as a reality, but it is often portrayed as dark and terrifying. Cinema, television, and popular culture often portray death as a dark and terrifying reality, with less positive visions of death. Our attitudes towards death are influenced by cultural influences and personal analysis. In earlier times, death was visible to everyone, and it was a constant presence. However, today, the sick are often removed from public life and placed in separate rooms, with death often hidden. Doctors often administer morphine to mask death, allowing it to occur in full unconsciousness. Most countries have cemeteries located on the outskirts of cities, hidden under greenery.

In 1957, Pope Pius XII addressed a group of doctors, asking if there was a moral obligation to reject painkillers for faith. He replied that analgesia is in accordance with the Creator's desire for man to control suffering. The Church's guidelines towards suffering have evolved, with recommendations from the Health Pastoral.

Pain and suffering are often unavoidable and substantial to human existence. They have power to make us better, more compassionate, and focus us in ourselves. Some people believe that as a good Christian, one is obliged to suffer like Jesus Christ, but this idea is unimaginable. Jesus of Nazareth was tortured and killed, and his doctrine does not dictate that one is obliged to suffer like him. The Gospels continue to ponder the mercy of the Master towards mourners and his constant healing. Jesus wanted the end of all suffering and worried that his followers would do the same. It is unclear at what point the followers of Jesus or some of his followers began to disobey the divine command to heal and alleviate suffering. Jesus' goal was not suffering, but obedience to God, truth, and love for man. The cross for Jesus Christ is only the price of fidelity and love.

The religious view on pain, the cross, and death is that they are not goods to be sought or indulged in. They value faithful obedience to God, truth, and love, and believe that suffering is worth living for love, not love for suffering. The 'cross' remains a scandal in salvation, but God's grace is effective in freeing sin, pain, and death. The God of Jesus is not the one who punishes, but the one who saves. Resignation, as a religious response to suffering, cannot be applied to susceptible physical pain for relief.

The concept of suffering as punishment for sins should be abandoned. Sins are necessary mistakes, and learning comes with suffering, which is the price of wisdom. The concept of 'dignified death' should be abandoned, as it is immoral and causes insufficient pain and suffering. The sensible man understands that pain is pain, and suffering is suffering, and not feeling it is insensitivity.

Unamuno emphasized that physical pain and spiritual pain are spiritual necessities of being human. Health professionals' mission is to alleviate pain and suffering, but it is not enough to cure diseases. In cases where it is impossible to avoid pain, it is up to the individual to give it meaning. Pain and suffering can become a path of improvement and inner growth, as our attitude towards these situations. As Alfred de Musset said, "Man is an apprentice; pain is the master of it." While humans cause much of the suffering on earth, there is another inherent suffering that is inherent in human limitation and therefore inevitable.

God is not responsible for suffering; it is man's freedom that introduces uncertainty, allowing for improvisation and possibilities in good and evil, heroism and cowardice.

FAMILY DEATH

Death is a natural event that all men are equal to, as it is universally predetermined. This makes death appear natural and inevitable, hiding the absence of equality. Today's society is based on production-consumption, and death promotes consumption, making it rejected. Death is approved socially when man becomes useless as a producer and consumer, and is transformed into consumer merchandise, corresponding with social status.

In our society, media communication often portrays young and beautiful people as idealized, with the goal of accumulating wealth, fame, and power. This culture glorifies competition and strives to be better than others, often at the cost of their well-being. Science, knowledge, information, and talent are used as instruments of power, generating fear of the other. Additionally, there is a cult of beauty, youth, and money, as security is sought in these aspects. Poverty has become a curse, as it provides protection against death, but it also frustrates us. The poor and old are often seen as illusory, presenting us with a mirror that does not match our true selves.



Human life is fragile and vulnerable, with death being a part of it. As we age, we become more aware of the end of life, as death is associated with old age. This social rejection of death is not only aesthetic but also causes fear and a deterioration of the living body. The early ashes of death symbolize the inevitable advent of death. In today's competitive society, death is seen as an unjustified failure, making it difficult to manage fear of death. Society's rejection of death is a result of a lack of shared habits and attitudes, leading to a shameful response to death.

Desocialization of death refers to a lack of solidarity and abandonment towards the elderly, dying, deceased, and survivors, leading to role substitution and hidden, concealed death.

The dying person is reduced to a mere sum of symptoms, deprived of function and status. They are observed as a clinical subject, isolated, and treated as an irresponsible child. Their words have no meaning or authority, and they are treated as clandestine beings.

MEDICALIZATION OF DEATH

Over the centuries, death has become a shameful concept, with lies and silence becoming commonplace. People now die in hospitals, often alone, surrounded by unknown people. This has led to a sociopathy of death that rationally denies it but lacks necessary protection. The abandonment of this culture may lead to an irrational cult and obsessive return to the anguish of the man of our time. Hospitals have become the ideal site for hiding the dying person, but the arrival of the dying patient can be challenging. The massification and dehumanization of hospitals have made death seem alien, aseptic, silent, and solitary, creating a paradigm of spiritual misery.

Death is no longer considered a natural phenomenon, but rather a failure. Doctors claim it as their *raison d'être*, but they are spokesmen for society. Death should be discreet and not interrupt hospital routines, making it convenient to die without others noticing. Family involvement in death is limited, and advances in medicine have made hospitals the preferred place for dying. Hospitals place death outside the home, allowing it to be placed away.

The modern hospital is a place for diagnosing and treating patients, but it is not suitable for treating terminally ill patients who are already diagnosed and incurable. The medicalization of society has led to the end of the age of natural death, and Western man has lost the right to preside over his act of dying. Health is now expropriated to the last breath, and death techniques have defeated and destroyed all others' deaths. The desire to have one's own death is becoming increasingly rare, and the medicalization of death has the consequence of expropriating the man of the death of him. J. Q. Benoliel suggests three ways to "medically" avoid confrontation with death.

Active euthanasia is a subtle and hypocritical approach to assisting dying individuals. It involves playing comedy with the dying person, preventing them from communicating with their environment, settling debts, and being authentically themselves. This comedy often ends with 'lytic cocktails', which allow the dying man to slip into unconsciousness and avoid disturbing the equipment. This approach is particularly tempting for doctors, who are taught to 'cure' the dying person.

OLD AGE, SPIRITUALITY AND DEATH

Simmons suggests that accepting death requires living one's own life, recognizing one's insufficient life and allowing oneself to die. By congratulating oneself on their life, expressing gratitude, accepting the unchangeable, and embracing oneself, one can separate sanely and with satisfaction from it. This requires forgiveness, appreciation, and acceptance of one's own life, as well as embracing oneself and embracing one's death.

The doctor's role is to detect spiritual symptoms and provide appropriate diagnosis and treatment. This is crucial in helping older people at the end of life feel peaceful, inner harmony, and worth their time. A patient entering this stage of spiritual health does not fear death, even when their physical, psychic, and social well-being is irreversibly deteriorated.

CONCLUSION

The dignity of life is crucial when deciding between life and death, especially in situations where life cannot be prolonged indefinitely or in conditions where intrinsic dignity has been lost. It is ethically more recommended to focus on its quality rather than solely on its quantity.

Death is an incessant companion in our minds, imposing violence, corruption, and dissolution. It is our usual companion, streamlining and setting deadlines for everything we do. However, it is not the essence of life, and love is the antipode of sinister love. True love provides a horizon of serenity and peace, but it can turn love into an annihilation and lethargy.

The old man prioritizes love over fear, making fear of pain and death bearable. Showing peace and tranquility avoids others' suffering, giving meaning to suffering and avoiding others' pain.

The role of modern medicine in society and its origins is crucial for health professionals. Recognizing the aging population and the need for assistance, relief, and hearing, it is essential to recognize the terminal patient's



sublime, dignified, and human nature. This understanding can lead to a significant change in attitudes towards healthcare.

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The Author had full access to all of the information in this research study, which has been studied and approved the final manuscript. The author is sole responsible for the conceptualization, design of the study, review of related literature and discussion.

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The author declares that he has no competing interests.

ETHICS APPROVAL

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