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Philosophical Aspects of Thanatology in Palliative Care: *Ad Impossibilia Nemo Obligatur* (Review)

The data from literary sources have been summarized to highlight contemporary concepts of providing palliative care and understanding the thanatological aspects of the palliative care philosophy. The possibilities of forming an alternative philosophy of palliative care are considered.

Objective of this analysis was to considering the philosophical aspects of thanatology in the alternative philosophy of palliative care.

The alternative philosophy of palliative care prompts many ethical and philosophical questions about the future of palliative care itself. Thanatological aspects of it have potential for solving theoretical and practical problem of contemporary palliative care not only in sphere of relief of the patient's suffering, but preparing the patient for death. Objectively, this applies to the entire process of palliative care, not only in the terminal stages, and includes the patient's social environment in this process, focusing attention on the problem of not physical but social death. The one of the key issue of palliative care is not preparing patient to the death only, but first of all answer to the question about death in itself. This is a philosophical problem that have the most direct connection to ontology and metaphysic, clearly outlines the external of the entire quintessence of human existence. The alternative philosophy of palliative care is directed to offering an opportunity to explore cultural, social, and personal aspects of loss, death, dying, and grief; it emphasizes effective support and collaboration with community-based services, includes topical issues in thanatology, palliative care, bereavement theories, social justice and diversity, ethical issues, social and political discourse.

Keywords

Death, palliative care, philosophy of palliative care, thanatology.

The idea of a philosophy of palliative care (PC) emerged with Cicely Saunders' vision for «a good death», and was developed further with the World Health Organization (WHO) definition of palliative care. It is now being applied not only to cancer patients, but to all patients in end-of-life situations and «patients and their families who are facing problems associated with life-threatening illness» (including tuberculosis patients) [26]. In fact, it is a philosophy of palliative patient care, which often lacks thanatological aspects. In international palliative care literature, hospice philosophy is challenged for being overly normative in its ideal of the good death. Hospice practice works in an interpre-

tive way with hospice philosophy to offer a «lived» philosophy and a means to an authentic death [12].

The framework of the PC approach is described by quality of life, autonomy, dignity, patient-family centredness, and the priority assigned to relatives in the remit of care [3, 6, 15]. Sometimes interest in moral problems arises in the common context of the philosophy of PC [7, 13, 18, 19]. Palliative care names as one of its central aims to prevent and relieve suffering, but it does not only focus on the physical dimension of pain but also addresses the patient's psychological, social, and spiritual suffering. Formerly understood as specialized care for patients suffering from cancer and with a poor prognosis,

palliative care is now regarded as appropriate for those with chronic illness requiring long term care. But contemporary conception of PC in most cases, actually avoids questions about death, although it deals with terminal patients [23, 25, 27]. Even when prognosis implies a delayed death, preparing the patient for it is one of the main tasks of PC [9].

The traditional approach to PC, that that develops within the framework of appropriate philosophy, is oriented to the suffering and pain as the main goal of palliative care [8, 17]. The traditional approach to PC is based on two principles that are often presented as the most fundamental in the debates of medical ethics: one is that of the «sanctity of life» (allegedly the supreme principle of traditional medical ethics), which we can express in more «secularized» terms as the principle of the «absolute respect for life». The other is that of the «quality of life» (considered as the supreme principle of modern medical ethics)» [1]. According to such a tradition, «palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering. This is achieved through early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual» [7].

As we can see, first, traditional paradigm of thinking postulates the priority of the prevention and relief of suffering, and second, the object of PC is pain control, while «other problems» fade into the background. At the same time, physical, psychosocial and spiritual problems, in many cases, are more important for the patient and their immediate environment. The totality of these problems can be attributed to death, although it is not limited to it.

By the way, the process approach is no exception either: regardless of how death is viewed, such a view is predominantly carried out within the framework of the process approach, where death is simply equated with the process of dying. It is clear that in this case we are not talking about death itself, death as a phenomenon. The process of dying and death are essentially different phenomena. This, as a whole, gives grounds to assert the third principle of palliative care — quality of death, that must be developed instead of the concept «good death» [20]. Really, a secular and individualized culture emphasises the importance of a reflexive approach to hospice practice and one could even question whether hospice philosophy is still necessary as a framework for sustaining a good death [12, 13]. At the same time, a «good» death, then, is a controlled death» [21].

In proposing the concept of quality death, we seek to overcome the nihilism that is inherent in the practice of palliative medicine (for example, «nursing

nihilism» [16]) in its essential basis of perceiving death of another as a potential possibility of one's own personal death. Here, in essence, is a Nietzschean denial of the value component of being, elevated by the facticity of death. It would seem that the impossibility of describing death, postulated by Heidegger, crosses out any phenomenology of death. Such a state of affairs is quite acceptable. But it is already difficult to cross out the self-reflection of death — the self-denial of the subject. But within the framework of such paradigm of thinking about death, it is difficult to avoid the trap of state, because death is in no way a state of anything. A «final» state takes the consciousness and thinking of death into the process, being part of this process, which makes it erroneous to reduce death to consciousness, when death is only a phenomenon of consciousness, it is also quite obvious — as though death were not a phenomenon of being.

Undoubtedly, traditional philosophy of PC, like the practice of palliative care itself, actualises the problem of death by determining among the totality of PC directions such directions as providing relief from pain and other distressing symptoms, affirming life and regarding dying as a normal process, integrating psychological and spiritual aspects of PC, etc. [12]. The most widespread point of view is that the PC is independent of the consideration of death [1]. It is clear that the goal of the PC is «not that of accelerating or deferring death, but that of preserving the best possible quality of life until the end» [23].

But we affirm PC, within the framework of its new philosophy, which is developing on the basis of philosophical thanatology, must and can change the very attitude towards death, because the philosophical thanatology, among all other, is «expected expansion, from the perspective of one central question: «What constitutes the ethos of Palliative Care replicating its foundational philosophy and principles?» which helps to set the scene for possible future advances to integrate ethical, legal, and social implications» [11]. This, in the context of the totality of physical, psychosocial and spiritual problems of the patient and their immediate environment, can ensure «preserving the best possible quality of life until the end». It may be right, but «the realm of shadows is a paradise of the dreamers. Here, they find an unlimited land where they can build whatever they want. Hypochondriac fumes, old wives' tales and monastic miracles leave them with no shortage of building materials. The philosophers draw the ground plan and change it again or reject it, as is their habit» [14]. And indeed, «it is important to broaden the integrated response of the interdisciplinary treatment team to address the psycho-

social and spiritual issues that are an inherent part of the dying process.

A comprehensive psychosocial and spiritual assessment allows the team to lay a foundation for a healthy patient and family adjustment, coping, and support. Skilled expert therapeutic communication through facilitated discussions is beneficial to maintaining and enhancing relationships, finding meaning in the dying process, and achieving a sense of control while confronting and preparing for death» [24]. But besides the problem of its denial, ethical dilemmas [2, 4, 5], etc., what about death itself?

Death is tragically experienced only in relation to an individual's being being, that is, all the tragedy and fear of death is associated exclusively with only one of its dimensions — death, the social death of the person in all its fullness and concreteness. But if you still try to stay in a pleasant for human consciousness and thought, aimed at individual being and anthropological to the point of impossibility, axiological system, unpleasant conclusions arise (again, giving rise, like existential, horror and fear). For example, we can argue that the value of death lies in its inevitability. This, in general, objective and therefore quite banal statement is unacceptable for the existential consciousness, which is trying to hide from such objectivity in the sphere of transcendence. Moreover, the presented statement is unacceptable for ordinary consciousness, which dictates the subject's «only-here-being», but at the same time, as soon as it touches on the Kantian question about the «shadow of an object», it constantly goes beyond the limits of everything immanent, for the most part immanent itself, leaving either unnoticed or pushing it out of existence. That is why one cannot fully agree that «fear of death may restrain inexperienced medical professionals from breaking bad news (BBN) to patients and makes it difficult. Working in PC augments the determination of one's philosophy of life and diminishes fear of death. The higher the determination of philosophy of life, the more likely BBN is to be performed. Philosophy of life, spirituality, and communication skills should be addressed in postgraduate education» [10]. The fear of death, like overcoming it, is connected with philosophy of death, that is important for perspective of PC development.

In this context, an important problem is the philosophical and ethical interpretation of individual and social systems of values. In particular, the modern paradigm of axiology turns out to be unsatisfactory from the point of view of the alternative philosophy of PC formation, that is oriented not only to the concept, in which PC is named as one of its central aims to prevent and relieve suffer-

ing (the concept of «total pain» by C. Saunders). What is the main problem in this case?

To answer to this question, we must take thesis that the philosophy «which works as an interpretive practice to sustain an authentic death rather than being a set of fixed institutionalized values» [12]. The development of this thesis allows us to state that the axiology is ethical solipsism, embodied in a certain resemblance to reality, which distorts any entity that really fills being. As a result, being appears as a strange picture: the desire with the fullness of all material content to embrace everything that does not exist outside of this being itself. But this fullness of the material, which eternally eludes from human culture, and therefore is remarkable in culture itself, is only a fiction of the illusory self-determination of man in being, because the limits of the material, as well as the limits of human being, are conditional in temporality of itself. If being determines consciousness, then consciousness only agrees with being, in its diligence to define it by giving birth to ridiculous pictures of the non-existent, proving the existence of this non-existent by giving it some value in being, objectively deprived of any value. The axiology is a trap for the mind that kills the living thought of the real, denying the real, rationally justifying the need of a rigid framework for freedom. But those who love norms (lawyers, sociologists, psychologists, and other «rationalists») forget that such rationalism leads to a dead end of self-denial, and this denial is not dialectical at all. And here the denial of axiology is definitely needed. Denial of axiology, as, above all, attempts to give being, life, man, humanity any value — the only value of being in its objectivity and essential certainty, a value not correlated with being, and such a value that does not belong to being, objectified in the human, subjective, in which a something wants to define a nothing. Agree it is fun and interesting at the same time. Recognition of this requires courage no less than the courage to be and the courage not to be.

The phenomenon (one of many, incidentally) of death is also that it completely deprives one of any subjectivity. «How can this be?» — someone might exclaim, feeling death in its fullness, its presence in one's subjectivity, having felt the fear of death present in individual being. It is believed that the influence of thanatophobia on a person, primarily on their thinking and behavior, is practically not studied. The perplexity of the situation is that in fact everything human is dictated by the fear of death, and therefore everything studied about humans, in essence, determines this influence. The funny thing about this whole game of sensations and perceptions of the subjective is precisely that death is objectively objectively given and exists as a phenomenon of being and is factual only not for the subject. Death

is the most objective of all possible realities and potentials of being in its concreteness and unambiguity, as it is completely deprived of any subjective element (except, of course, for the very object of death – the subject of being) and existing only for the concrete, for the embodied in being, yet not perceived by this concrete embodiment of subjectivity and not existing without it. And if death has meaning only as something objective, as something objectively perceived by the subject in the death of another, then the phenomenon of death itself eludes, it turns into a toy of subjective consciousness, trying to perceive something else, because, of course, in a person's view of himself, death is too ghostly, a distant perspective of an incomprehensible and never known experience. However, the experience of death is the experience of another.

This experience constantly collides with the sphere of the artificial, conditional, normative – with the sphere of ethics, which claims to be the regulator of the life of a person, people, society... It is in the ethical plane that the questions of the value of human life, the value of the human, the question of humanity. Does a person need a proposal of ideal unity, a philosophical understanding of the spontaneity and illusory nature of the world, worldview and conscious position of the integral community of individual atomized being within social being, more precisely – the existence of the whole world? Does a person need the discovery and realization of the individual in other than preserving the freedom of the essence embodied in a distorted dependence on others, form of existence? To these questions, among other, must be answered by the new philosophy of palliative care in reflection on death. In this context, the goal of philosophical thanatology is to bridge the gap between the philosophy and the practice of palliative care. The fact that reflective, open-ended questions are key in optimizing the PC

is undeniable. But reflexive responses are no less important.

Conclusions

Understanding and uncovering the thanatological aspects of the palliative care's philosophy have a great potential for solving theoretical and practical problems of contemporary PC not only in the sphere of relieving of the patient's suffering, but also in preparing the patient for death. This objectively applies to the entire process of PC, not only in the terminal stages, and involves the patient's social environment in this process, focusing attention not on physical, but on social death. The alternative philosophy of PC prompts many ethical and philosophical questions about the future of palliative care itself, the answers to which are directly related to philosophical thanatology, which perceives the process of dying and death differently. The non-evaluative imperativeness of co-presence with dying presupposes a certain distancing, which is expressed in overcoming the ignorance of the question of the possibility of death. At the same time, overcoming distancing makes it possible to overcome the ostracism of death.

The alternative philosophy of PC is directed at offering an opportunity to explore cultural, social, and personal aspects of loss, death, dying, and grief; gaining knowledge and experience in providing support support for individuals experiencing significant losses, terminally ill patients, and those grieving; and examining relevant legal, ethical, and social issues. The alternative philosophy of palliative care emphasizes an interdisciplinary approach to exploring loss and grief, with a focus on providing effective support and collaborating with community-based services. The alternative philosophy of PC includes key topics in thanatology, palliative care, bereavement theories, social justice and diversity, ethical issues, social and political discourse.

There is no conflict of interest.

Participation of authors: concept – D.V. Viter; writing and editing the article – D.V. Viter, A.V. Tsarenko, S.B. Noreiko; editing the article – S.B. Noreiko.

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Філософські аспекти танатології в паліативній допомозі: *Ad Impossibilia Nemo Obligatur* (огляд літератури)

Узагальнено дані літературних джерел щодо сучасних концепцій надання паліативної допомоги та розуміння танатологічних аспектів філософії паліативної допомоги. Розглянуто можливості формування альтернативної філософії паліативної допомоги.

Мета аналізу — розглянути філософські аспекти танатології в альтернативній філософії паліативної допомоги.

Альтернативна філософія паліативної допомоги спонукає до багатьох етичних і філософських питань щодо майбутнього самої паліативної допомоги. Танатологічні її аспекти мають потенціал для розв'язання теоретичних і практичних завдань сучасної паліативної допомоги не лише у сфері полегшення страждань хворого, а й підготовки пацієнта до смерті. Об'єктивно це стосується всього процесу надання паліативної допомоги, а не лише на термінальних стадіях, і залучає в цей процес соціальне оточення пацієнта, акцентуючи увагу на проблемі не фізичної, а соціальної смерті. Для подальшого розвитку та вдосконалення системи паліативної допомоги в аспекті розвитку філософської танатології необхідно: дослідити культурні, соціальні та особисті аспекти втрати, смерті та горя; отримати знання та досвід у наданні підтримки тим, хто зазнав значних втрат, особам, які смертельно хворі, і тим, хто переживає горе; вирішити відповідні правові, етичні та соціальні проблеми. Потребує розвитку міждисциплінарний підхід до вивчення смерті, зокрема актуальних питань танатології, паліативної допомоги, теорій втрати, соціальної справедливості та різноманітності, етичних питань, соціального та політичного дискурсу.

Ключові слова: смерть, паліативна допомога, філософія паліативної допомоги, танатологія.

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Стаття надійшла до редакції/Received 29.10.2024.

Стаття рекомендована до опублікування/Accepted 03.12.2024.

ДЛЯ ЦИТУВАННЯ

- Viter DV, Tsarenko AV, Noreiko SB. Philosophical Aspects of Thanatology in The Palliative Care: Ad Impossibilia Nemo Obligatur. *Туберкульоз, легеневі хвороби, ВІЛ-інфекція*. 2025;1:83-87. doi: 10.30978/TB2025-1-83.
- Viter DV, Tsarenko AV, Noreiko SB. Philosophical Aspects of Thanatology in The Palliative Care: Ad Impossibilia Nemo Obligatur. *Tuberculosis, Lung Diseases, HIV Infection (Ukraine)*. 2025;1:83-87. <http://doi.org/10.30978/TB2025-1-83>.