

Misthanasia in A Society in Transition

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SUMMARY

The paper presents the idea of death and dying which has an extremely important role in different societies and cultures, which can particularly be seen through the position of this idea in almost every religion.

There is a change that occurs in a contemporary society in transition. Death is no more considered a natural event. This supersedes a positive idea of death and dying as a constituent part of life. All this happens under the influence of various processes, such as marginalization, inequality, inability to live decently, lack of medical treatment and/or low-quality treatment on the one, and glorification of wealth, youth and strength on the other hand. The rich are beautiful, healthy, strong and famous, while the poor are ugly, ill, anonymous and collectively condemned to misthanasia. The progress in medicine promises to the rich a longer and better life, and a nice death. At the same time, it limits the possibility of a good and timely treatment to the poor. This leads to an early, unnecessary, unjust, undignified and ugly death, or to passive-active misthanasia. This causes the death of solidarity and morality of the society, the death of medicine, and of the health in a society in transition.

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Introduction

Euthanasia, the discussions about it, and the mere act of it are closely linked to the social and ethical context of Croatia, where marginalization, inequality and inability of living a decent life and getting high-quality medical treatment are present, and where the processes of dying and death become the part of the collective shortening of life (mistanasia).

The cry that we hear because of this reality is, first of all, the cry for dignified life and socially acceptable health care, and only then for a nice death (1).

Professional and scientific progress in medicine arouse hopes of the rich in Croatia to live longer and better, while for the poor it meant low-quality medical treatment, being left on their own if ill, and dying in an undignified and ugly way.

What is it all about?

The average life-span of a male Croatian is 68,6, and that of a female is 73 years. Our neighbors in Slovenia, whose life-span twenty years ago was the same as in Croatia, today live three years longer, while in Italy men live 7 and women 5,5 years longer than the Croats.

Mortality rate because of heart diseases, for both men and women in Croatia is 50 percent higher than in Slovenia, and the number of deaths after strokes for men is twice higher in Croatia than in Slovenia, and higher than in most of the countries of the ex Russian block. If compared with women in Slovenia, women in Croatia at an early age become ill and more often die of breast cancer. Still, these alarming facts arouse very little attention (2). It could, thus happen that a society which while in transition shows concerning health indicators, starts falling back, because when the burden of illness becomes too heavy, it blocks development. There is no progress with many ill, and if there's no development you become ill. Investing in health, therefore, must be seen as investment and not as money wasting (3). The starting point should be the necessities (4) of the citizens in a transitional society, in order to respect a constitutional right to health and enable personal and national benefits. However, this is closely linked to the conditions in the society and to the attitudes that the political elite towards the health system (5). The new elite introduced restriction measures to the system, without thinking of the patients' needs (6). The amount of money invested in health care is mostly identified with the corresponding health indicators and/or the health condition of the nation (7). The average life span is considered to be the most significant national information, because it incorporates the nation's wealth and poverty (8) and reflects the relationship between the state and the society (9). Medical-sociological analysis show that the relationship among health, ratio, the goals

of medicine and the model of health system is much more complex than it is generally thought (10).

The governments have the obligation to organize the best health care system for their citizens, which derive from:

- a) national documents (the Constitution, and the Law on Health care) and
- b) International documents, such as The Alma Ata declaration (1977), The Ottawa Charter for health Promotion, The Ljubljana Declaration (1996) and other.

The allocations for the poor

The public-health allocations in Croatia amounts to 500 dollars a year per capita, in Britain 1.600, which much less than 3.900 in America, while Slovenia gives almost twice more than us. Since Croatia is a country in transition, with public health care with intensified needs (after the war, the process of privatization, the growth of unemployment...), and at the same time with rationalization in the health care system (11). The rationalization means scandalously low allocations for health-care institutions (12) which directly makes all the medical treatments, necessary for cure or health improvement, impossible (13). This has serious consequences for the doctors, patients, national health care that is transforming (14) and medical profession (15), and results in misthanasia as the way of dying and death of the poor.

Fast de-professionalism

Croatian public health system is ill for reasons of economy. Because of this, there are two kinds of patients in the process of dying and death: the privileged and the deprived. This resulted in a fast de-professionalism of this sacred and, until yesterday, mythical profession. There is one way of treating patients when they are someone's family members (16) and another when they are just patients. What is going on in Croatian hospitals is senseless economy, unjustified suffering and unnecessary dying. While the rich are being treated and while they are recovering from their illnesses, the poor are doomed to misthanasia – because of low-quality or too late diagnosis or a bad treatment. The health-care system itself disthanises these patients in a passive-active way. Passive – because a passive doctor in a bad system tries to make a diagnosis in the cheapest way, because he is forced to save money (without using «too expensive» or «unnecessary» tests, and without sending the patients to larger medical centers). If a doctor obeys those rules, he can be awarded by the Minister of health, while his patient can die.

Active – this is a very active way of dying and death, because by low-quality treatment or quasi- treatment, or just by leaving the patient on his own, we allow the

illness to grow undisturbed – to grow actively till the death- even though that kind of illness can today be successfully cured. In such a case, the doctor cynically calls a dangerous illness harmless, promises to the patient to get well (treating him badly, if at all), and convincing a dying person that he would live.

Regarding this way of dying and death it is necessary:

1. To examine critically social and ethical elements of medical nonintervention, because of which otherwise curable illnesses sooner or later end with dying and death.
2. Pay particular attention to those medical procedures that harm the patient, shorten his life and make the process of misthanasia faster.
3. Define the idea of misthanasia (useful and indispensable, but not undertaken treatments that leads to dying and death), as well as that of ratio, sense and the goals of health system which instead of life, offers dying and death.
4. To make clear and to emphasize the social and ethical dimension of an unnecessary death and dying (passive-active misthanasia) as a consequence of economy and of a kind of prohibition to the doctors to undertake all they know and have in disposition – because they have to save, which encourages passive-active situations in a transitional society medicine. Croatian doctors only formally agree with the fact that it is necessary to make impossible to any human life to come to its end in a dignified and the least painful way, and that this should be a priority not to medical profession and the health system, but to every individual and the society as a whole (17). Misthanasia is, in reality, the result of just the opposite- of medical non intervention which leads to misthanasia. When the patient is not objectively informed about his illness (18), he can't fight it, and the fight will not be efficient. These unethical examples prove that medicine has become socially insensitive, inhumane, cynical, dishonorable, unstable, unapproachable and unfair.

Something that does not exist but happens every day

Misthanasia in Croatia is something that –a) does not exist but exists, b) something that none is guilty of – even though the guilt and the guilty person exist, c) something that shouldn't have happened but it had. It can, thus, be concluded that non treatment, and leaving the patient to die is a product of ratio, sense and is accepted as one of the goals of Croatian transitional medicine.

The goals of medicine in a transitional society

At the time when «prevention of illness» as one of the goals of medicine became its opposite in a transitional society (leaving the idea of socialized medicine and health, one of whose founders was a Croatian – Andrija Štampar), one should wander and ask

what is the meaning of an other classical goal – that of «health improvement and maintaining»- in a transitional society in which the patients, because of their low standard of living and low quality of life cannot improve their health condition, and where the state refuses to treat every person and every disease because it has to save money, or in other words it stimulates, by allocations, and even rewards its doctors for shortening their patients' lives.

The question is: should health and illness, and death and dying in a transitional society be defined in one way for the rich and in another for the poor?

Medical profession becomes a *friend* of ugly and undignified dying and death

What is the meaning of one of the classical goals of medicine «to save and prolong life» when:

- there are medicines which must not be prescribed because of their costliness
- there are medical tests that must not be performed
- there are doctors who know and can undertake what is necessary , but must not because they have to save money, or because they can get a financial reward if they save money even though that leads their patients to death and dying.

Because of the doctors who accept this kind of behavior as their mission, medical profession becomes the *friend* of the unnecessary, ugly and undignified dying and death. There is one way to treat the rich and the other to treat the poor people, even if they suffer from the same disease. The goal of medicine in a transitional society is, thus, «not to ease pain and suffering» if the patient is not able to pay. This disregards all kind of everyday existential problems of the patients and let them to misthanasia. If this kind of medical behavior becomes standard, we can talk about the legalization of the following:

- a) market-oriented medicine which doesn't offer dignified dying and death to the poor.
- b) Ethically suspicious – immoral medicine and health care.
- c) Clinically confused medicine where high-quality medical treatment and recovery of the rich on one, and no treatment and death of the poor on the other side, will become the goals and principles for the doctors.
- d) Health with double criteria, where every doctor works according to his own criteria.

This kind of market-oriented medicine in a transitional society suits the needs of the rich and not of the poor. For the patients, it is socially frustrating and unethical, and its direct consequence will be undignified and too early death:

- for the wrong reasons, like medically curable illnesses
- Accompanied by long pain and suffering, even though they can easily be overcome these days.

Nice death and dying

The answers of 77 family members of misthanasia patients, to the question what does nice dying and death mean, I divided into four categories: how, when and where and with whom dying and death is nice.

Nice dying and death

How	When	With whom	Where
-without fear	-in the old age	- with the doctor	-in a hospital
-painless	-when the medicines don't help	- with the dear persons	
-without agony	-when there is no hope for life		
-with dignity			
-with high-quality treatment			

Conclusion

Misthanasia does not appear accidentally. It is the consequence of a new kind of ratio, sense and goals of medicine in a society in transition. It is also a consequence of the new authorities given to the doctors in transitional societies, whose priorities have to be numbers and not patients; restrictions and saving instead of professional, responsible and ethical approach to the patients. The consequence of saving to the disadvantage of patients is hypocritical medical treatment, non treatment or quasi-treatment, which endangers patients' health and lives and directly leads to misthanasia. This creates bigger and bigger gap between the needs and wishes of the patient and the hopes and the goals of the doctors and medicine. Those who can make a change-don't want to, and those who want to – can't.

Misthanasia in a transitional society is determined by a political class that creates democracy for itself (19). Its status is based on helplessness of the old and the poor ones. Humanity, morality and solidarity of the society become something formally understood but not applied in reality. People, health and life are said to be respected, but people are not treated and unnecessary death and dying are not prevented. Such medicine gets deprived of public trust because doctors are those who do not respect the rules and their professional ethics. This creates mistrust and disappearance of communication between the doctor and the patient which then causes various tensions that lead to dying, and to the death of medicine in transitional society.

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cannot be admitted to physiotherapy because they are «full»... the County head executive got a new car that cost over 500.000kn for long journeys, and stil has Renault Megane for everyday purposes...see Novi list, Rijeka, July 1, and November 2, 2004. We can, thus, conclude that money is an ethical and not financial issue.

Mistanazija u tranzicijskom društvu

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Sažetak

U članku prikazujemo koncept umiranja i smrti koji ima izuzetno značajnu ulogu u različitim društvima i kulturama. To najbolje potvrđuje mjesto koje ovaj koncept zauzima u gotovo svim religijama. U nastavku opisujemo što se događa u suvremenom tranzicijskom društvu i kulturi gdje dolazi do zaokreta. Smrt se više ne shvaća kao prirodni događaj. Time se potiskuje pozitivni koncept umiranja i smrti kao sastavnog dijela života. Na to utječu različiti procesi, poput marginalizacije i nejednakosti, nemogućnosti dostojanstvenog življenja, neliječenje i/ili nekvalitetno liječenje, s jedne strane, te glorifikacija bogatstva, mladosti i snage, s druge strane. Bogati su lijepi, zdravi, jaki i slavni, a siromašni su ružni, bolesni, anonimni, te kolektivno osuđeni na mistanaziju. Naime, napredak medicine bogatima povećava nade da će živjeti dulje i bolje, te da će umrijeti *lijepom smrću*, a siromašnima ograničava mogućnosti kvalitetnog i pravodobnog liječenja. To vodi u prijevremenu, nepotrebnu, nepravednu, nedostojanstvenu, i ružnu smrt, odnosno pasivno-aktivnu mistanaziju. S time umire solidarnost i moral društva, te medicina, odnosno zdravstvo tranzicijskog društva.



Mistanasia nella societa' in transizione

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Sommario

L'idea della morte e dell'morire ha un ruolo molto significativo nelle diverse culture e societa'. La migliore prova di questo e' la posizione di quest'idea in quasi tutte le religioni.

C'e' un turno che appare nella societa' e cultura contemporanea in transizione. La morte non si considera piu' un avvenimento naturale. Con questo, l'aspetto positivo del morire e della morte come la parte costitutiva della vita viene respinto. La ragione sono tanti processi come marginalizzazione, ineguaglianza, impossibilita' di vivere con dignita', assenza della cura medica e/o cura di bassa qualita da una, e glorificazione della ricchezza, gioventu' e forza d'altra parte. I ricchi sono belli, sani, forti e famosi, e i poveri brutti, malati, anonimi e collettivamente condannati alla mistanasia. Il progresso nella medicina aumenta le possibilita' e le speranze dei ricchi di vivere una vita piu' lunga e migliore e di morire in un modo bello, mentre per i poveri , limita le possibilita' di avere un trattamento medico di valore e opportuno. Questo porta alla morte anticipata, nin neccessaria, ingiusta, indignitosa e brutta, cioe' alla mistanasia passivo-attiva . Tutto cio' ha come conseguenza la morte della solidarieta' e moralita' della societa' e della medicina, cioe' della salute nella societa' in transizione.