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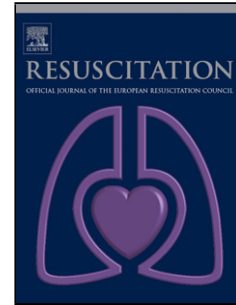
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Title

Time for a new definition of death?

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Text

At a time when, in France, the National Conference on Bioethics is opening, must we think and develop a new definition of death?

The Western world now recognizes two types of biological death: "real and constant" death (i.e., prolonged and definitive arrest of cardiac, respiratory and cerebral functions), and encephalic death (i.e. beating heart, breathing maintained by an artificial process, complete cessation of all cerebral vasculature, and absence of any encephalic electrical activity). To these two biomedical notions recognized by the law both for the certification of deaths and for the authorization of organ harvesting for transplants, a third type of death, coming from the field of medical anthropology, has recently been defined: social death,¹ that is to say the more or less deliberate exclusion by society of a biologically alive individual (like the zombies of Haitian voodoo), which concerns patients who have become invisible or absent, such as the elderly retirement homes, long-term prisoners, chronic psychiatric patients, and homeless people.²

But is it enough? In other words, must we rethink death? The latest advances in basic research show that death is not a single phenomenon, but rather a succession of events stopping as the body-machine progresses (to take a Cartesian view of the human body);³ this gradual extinction joins the tantric vision of increasing bodily lightness described in *Bardo Thödol*, the Tibetan Book of the Dead. Humanities have all their role to play in this evolutionary approach, because it is indeed evolutionary medicine that is involved: the definition of death has continued to vary according to religious and philosophical currents, but also scientific discoveries and controversies between scientists. The human and fundamental sciences can no longer and must not do without one another, because they are the basis of an emulation, that is to say of mutual enrichment.

So, what are the professional as well as societal issues waiting to be answered? Are the biological definitions of death sufficient? Obviously no, judging by the quarrels of interpretation leading to the cessation or not of the care for this or that patient. How to improve them, in this case? Is a third biological definition of death necessary? Are neurobiologists the keystone of such a new definition? Unless it is possible to consider biological markers of death? In which case would death become quantifiable? Is there a universal definition of death, at the risk of offending cultures (for example Far Eastern considering mummies of Buddhist monks of the 17th-19th c. as simply "asleep" and still dispensing their benefits to the faithful)?

The Western definition of death has changed continuously over the last three centuries (Table 1).⁴⁻⁷ Should it continue to evolve? The advance of the intensive care techniques profoundly modified the durations of agony and the survival times, and perhaps also the essential meaning of death. For the philosopher Jankélévitch, death is the moment of irreversibility. And now, with the progress of resuscitation, irreversibility is evolving. Is not this the moment for a new definition of death? We invite the international community of clinical physicians (especially in resuscitation and palliative care), researchers, anthropologists and ethnologists, representatives of religious communities, philosophers, etc. to share with us their wishes, their ideas, their criticisms of the fluctuating and difficultly palpable concept of death. A synthesis will be drawn up for the purpose of proposing to improve a new definition of death, within the framework of the National Conference on Bioethics, and more broadly in that of the European Community and the World Health Organization (WHO).

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