

# Alterity of death under the perspective of Emmanuel Levinas

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## Abstract

If death is something natural, why did it become the *enemy* of medical and healthcare professionals in general? The article addresses the issue of removing death of our daily lives, especially where it occurs the most: in hospitals. We approach death not as something unworthy for human beings, but as a possible path that can give a deeper significance to men. We approach the otherness of death from the perspective of the Lithuanian philosopher Levinas, a contemporary author, who has provided numerous contributions to the discussion, especially the relevant analysis on human dignity. It concludes that dignity would not be lost after the misconstruction of the ontological control of life; that is to say, it would instead enable a new way of approaching life and its meaning, going beyond instrumental rationality and making room for a more humane approach of the death phenomena.

**Key words:** Medicine. Death. Philosophy.

## Resumo

### Alteridade da morte na perspectiva de Emmanuel Levinas

Abordando o cotidiano afastamento da morte nos hospitais, nos quais deveria se fazer mais presente, este trabalho discute a morte não como algo indigno que se abate sobre o ser humano, mas como caminho capaz de conferir significado à existência. A análise reflete acerca da alteridade da morte, incitando a pensá-la como coisa natural e indagando qual o motivo de ter se tornado a *inimiga* das profissões médica e de saúde. A análise baseia-se na teoria de Levinas, sobretudo na ideia de dignidade humana. Conclui que a dignidade não se perderia após a desconstrução do controle ontológico da vida, ou seja, da vida submetida ao controle da racionalidade, do ser humano identificado com a razão; ao contrário, permitiria nova forma de abordá-la e a seu sentido, além da racionalidade instrumental, o que pode abrir espaço para uma perspectiva mais humana do fenômeno da morte.

**Palavras-chave:** Medicina. Morte. Filosofia.

## Resumen

### La alteridad de la muerte desde la perspectiva de Emmanuel Levinas

Si la muerte es algo natural, ¿por qué se convirtió en el *enemigo* de la profesión médica y la asistencia sanitaria en general? El artículo aborda la cuestión de la eliminación de la muerte de nuestra vida cotidiana, donde debería hacerse más presente: en los hospitales, este trabajo discute la muerte no como algo indigno que se abate sobre el ser humano, sino como un camino capaz de darle significado a la existencia. El análisis se basa en la teoría de Levinas, sobre todo los análisis sobre la dignidad humana. Concluye que la dignidad no se perdería después de perder el control ontológico de la vida lo que, contrariamente, permite una nueva forma de abordarla y a su sentido, más allá de la racionalidad instrumental, lo que puede dar lugar a una perspectiva más humana del fenómeno de la muerte.

**Palabras-clave:** Medicina. Muerte. Filosofía.

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Declara não haver conflito de interesse.

This work is the result of constant and growing concern over the exercise of the medical profession. The title itself, contradictory, at least from the point of view of modern medicine, while defending the use of death with a positive sense, as a deeper human experience, the fruit of that concern with our “enemy”, exacerbated in the long nights on call spent in fight against something that our society and the health professionals prefer to ignore: the finitude.

Throughout the text, a personal purge job was performed while when deepening myself in Levinasian thinking, I face myself with years of, rationally-ontologically organized academic training<sup>1</sup>, well away from the Lithuanian philosopher’s thinking. One can see the fighting, trying to free myself of the armor of technicality, military medicine, the rational domain-oriented philosophy of human being and the human body, when all knowledge is always inside of a conscience that does not cease to be identified without having to resort to any distinctive sign, and is I: itself. Knowledge, in this case, is a relationship of the Self with the Other, in which the Other is reduced to Self and divests itself of its otherness, that is, the thought refers to the other, but where the other is no longer the other as such, where it is already the self, already *mine*<sup>2</sup>. And, against Levinas thought, which opens up to the possibility of exploitation of the doctor-patient relationship as compared to another, of devotion to the other, and not a domain relationship. Ethical relationship enforces exactly when traditional medicine and society as a whole are motionless in the face of death.

### Death as a definition of paths: the philosophy of alterity and dying

The removal of death is striking, especially in hospitals, where we should be prepared, or at least hoping, to face it. The problem is the trick if this escape in the face of death was attributed to indifference in relation to the dead. The opposite is true and makes it increasingly difficult to deal with this moment.

In fact, we can see two cultural stratagems to cope with death<sup>3</sup>: the first comes from the fact that human beings, incapable of eliminating death or cure always, try to be happy not thinking more on it. We expel the reflection on death with everyday activities, especially those that consume the attention and don’t leave thinking about the existential futility against finitude. In the words of writer Rob-

ert Louis Stevenson, *travelling with hope is better than arriving*. Death is then driven away from the vision, which, in the opinion of Max Scheler, is the illusion of modern type of consciousness<sup>4</sup> and that demotes it to a dismal disaster. The second is the fact that we live one day after another, until, suddenly, there is no next day, which brings us to another kind of confrontation of death: the calculating approach, the unbridled accumulation of goods and the cult of the new and of progress. Thus, eternity, that since the dawn of mankind appeared as human guide/companion, separates from it in the middle of the journey. We, then, travel on the road that leads from childhood to senility without having notion of its meaning and trust in the objective of all this<sup>3</sup>.

We emphasize death and, according to Aries<sup>5</sup>, quoting Gorer, the repression of the pain, the ban of its public manifestation and the obligation to suffer alone and in secret aggravate the trauma, transforming the advent into something unbearable. This attitude of repression of the pain of loss was immediately countered by psychologists at the very moment of its birth. And it is remarkable that the society, even with the warnings of thinkers like Freud and Karl Abraham, who demonstrated the difference between mourning and melancholy, has retained the interdict of death so intense<sup>6</sup>, something that did not occur with another large human interdict: sex - which started to be discussed more openly. Gorer also says that death achieved the great taboo in the 20th century, with the decline of interdicts to sex.

Due to this process, the death cannot be openly discussed, not even in the environment we have chosen for it to occur. Glaser and Strauss<sup>5</sup> studied in six U.S. hospitals, how independent group consisting of patient, family and medical team would react in the face of death. Questions about what happens when we know that the patient is near the end: the family should be warned? The patient himself? When? What is the length of a life artificially maintained? When will the dying person be allowed to die?

These and other questions are placed to families and medical staff, especially in the hospital space, where there is the emergence of this new power - the doctor. The hospital became the place of modern death. According to Ariès, Glaser and Strauss they found out that the ideal of contemporary death is far from the romantic theatrical trappings. Aseptic death in the public sphere features the model that forms the acceptable style of dying today<sup>5</sup>.

Medical staff delays as much as possible the time to warn the family and the patient of its prognosis, for fear of being engaged in a chain of emotional reactions that would make it lose, along with the patient and the family, self-control. Daring to talk of death is to promote an exceptional situation, in addition to the daily life, always dramatic, always beyond our domain: something unable to fit in rationality.

According to Ariès<sup>5</sup>, in the past, death should be horrendous in order to cause fear, since it was part of daily life; today, simply announcing it would provoke an emotional tension which is incompatible with the regularity of daily life. The bouts of despair, tears and exalted demonstrations threaten to disturb the serenity and the order of the hospital – which should work perfectly, be an immaculate structure, an clean factory always devoted to the production and restoration of human beings/parts for the system's machine.

Deep down, according to Ariès<sup>5</sup>, matter less if the patient knows or not his/her death, but that it is stylish and discrete, behaving to preserve the functioning of all, improve the quality of life of those involved, grease the gears of the automatic operation and withdraw from the dying man the right to his/her own death. An impressive example is the one used by Adorno and Horkheimer<sup>7</sup> about the first class funeral provided to the beautiful corpse at an U.S. funeral home, where the granddaughter of the dead person exclaims that everything was perfect: *a pity that daddy lost control*.

Of course that it should be of interest to medicine and society to improve the quality of death, as well as it is intended in relation to quality of life, which, for various reasons, still finds serious resistance. One of the possibilities to move forward in this area would be the palliative medicine, which could use the Levinasian thought to make the establishment of a relationship, impossible to be objectified, with the otherness of death, escaping from the extreme situation of hardly seeking to fetching it to oblivion: *death is the first model of otherness, of absolute exteriority and is an exogenous border of the totalitarian I, limit of philosophy and thought, first and final limit of all factual totality*<sup>8</sup>.

The only consciousness of death in economic time is its postponement, being even possible to forget about it completely and act as be-without-death: *it is the point where the definitive of an event occurs as non-definite*<sup>9</sup>. Levinas' thought helps us find new metaphors to express the social function of medicine and its ethical foundations when facing death,

considering three basic concepts: non-transferable responsibility against the other (*responsibility with no escape*); the respectful deference (*patience and compassion*); and the paradox of vulnerability as an expression of human dignity (*the face*).

### Responsibility with no escape

*Responsibility with no escape* can define the ethical foundation for palliative medicine, as it forces keeping attention, the presence and the search for means to improve the quality of life, despite the limited life time prognosis [Levinas talks of *destination to the other*. The act of losing the therapeutic battle does not end with the medical responsibility, and we may here allude to another concept valuable to the author in quoting Gabrielle Ciaramelli<sup>8</sup>, *the indiscretion of said and say the unsayable*.

In a free analogy, it is the announcement of prognosis with said, *always already said*, referring to the terms and senses of verbs and condemns the patient to his/her illness. The prognosis, characterized as *said*, means carry out an identification and condemnation to the disease: the patient becomes the disease. We forget that the world is not, *it is being*; therefore, the diagnosis may not be verdict or sentence<sup>8</sup>. The verdict pronounced absolutely holds language and time, everything would become wholly held<sup>10</sup>.

However, there is more than the prognosis said, there is what was left to be said, the language of infinity, in which the words never spoken fit and which can be expressed through the responsibility that does not end in the cure and remedy. When the technical power of the medicine reaches its limits, the responsibility with no escape of health team follows while caring role. The ratio of *saying* would be located in the subjectivity of the subject, in his vulnerability and passivity: *the subjectivity of the subject, is the vulnerability, exposure to disease, sensitivity, passivity more passive than all passivity, time, unrecoverable diachrony*. [free translation of the original's author : *La subjectivité du sujet, c'est la vulnérabilité, exposition à l'affection, sensibilité, passivité plus passive que toute passivité, temps, irrécupérable dia-chronie in-assemblable de la patience, exposition toujours à exposer, exposition à exprimer et ainsi à Dire, et ainsi à Donner*<sup>11</sup>]. The ratio of saying would be irreducible, to establish, as a matter of fact, with the other man, who escapes to my look and domain<sup>10</sup>: *the saying (...) – is the proximity of each other, engagement*

of approaching, one to the other, the very meaning of meaning [free translation from original author: *Il est proximité de l'un à l'autre, engagement de l'approche, l'un pour l'autre, la signification même de la signification*<sup>12</sup>].

In the text "Philosophy and transcendence", published in the work *L'univers philosophique*<sup>13</sup>, Levinas approaches this responsibility to a surveillance, a transcendence in which the otherness of the other, irreducible, concerns me, while elected and irreplaceable. Understanding can be searched of what the author meant by responsibility interpreting that *being with others*, an essential attribute of human existence, means first and foremost *responsibility*<sup>14</sup>. This responsibility would be the only way in which the other would exist to me, on an irreducible way, place in the infinity.

This *responsibility* is unconditional, does not require prognosis or prior history of the patient and precedes any intention. *Responsibility* would be the primary and essential, fundamental structure of subjectivity<sup>14</sup>. It does not have any contractual obligation and does not require mutual benefit. Becoming responsible and being itself as the subject, therefore, referring only to itself; reciprocity is the subject of the other. There is no order, superior strength code that threatens me with jail or hell<sup>14</sup>. This responsibility is beyond and beneath of legal and contract requirements, whatever they may be. It is the impossibility of indifference vis-à-vis the difference of the other. It is the impossibility to carry out the synthesis of concurrency.<sup>15</sup>

The responsibility would be the own ethical thought that is beyond what I committed or not in relation to the other, and cannot be diminished by alibis, being prior to my freedom, to the beginning of myself<sup>15</sup>. So, when the technical power of the medicine reaches its limits, the *responsibility with no escape* of the health team follows while caring role. Responsibility as the foundation of ethics would lay on, even when we could no more intervene, us saying *here I am: vigil of charity, which is, probably also the latent birth of medicine, awakened, on the hither side of all knowledge, by the face or mortality of the other man*<sup>12</sup>.

As recalled by Levinas, such responsibility is not pleasurable, even comfortable or satisfactory (we are always indebted to the other), nor even relates to a good conscience. Such responsibility to the other has always existed: *On the other part because others are always already there, before I came to the world, the responsibility to the other is older than the beginning*<sup>16</sup>

So, I am a hostage of another person and I cannot dodge or give up this responsibility (*responsibility with no escape*). This condition of hostage is *not chosen*. If there were a choice, the subject would have kept his keeping to oneself (*quant a soi*) and the outputs of his life previous to this condition, while his subjectivity, his very psyche. However, there is no escape since *to the other* is imperative, requiring my submission to the other, to be his hostage

The insistence of *responsibility with no escape* can refer to the impossibility of liberty of the subject, who would be put into servitude by such determinism. Philosophy is the search for truth, but that truth has not questioned the power of who unveils it, it does not interrogate the *dictatorship of I think*, since it could question an alleged *freedom* of the subject. Reaching the truth would be, then, building a *whole* that would agglutinate the diverse on the identifiable<sup>1</sup>.

The idea of *responsibility with no escape* questions this *freedom*, as it is *justice before freedom, metaphysical exteriority and ethics before ontology*<sup>17</sup>. On the work *Humanism of the other man*<sup>16</sup> Levinas argues against this possible lack of freedom, stating that it would not exist, from the moment that the *determined* has the memories from the moment of decisive action. The determined, cannot be held in servitude; and more, if such determination (responsibility) is invested by the *Good* itself, it would not be even a matter of choice, since if it is invested in the subject before the subject had time – distance – needed to the choice: (...) *There is no submission more complete than this investiture by the Good, than this election. But, the servile character of responsibility that goes beyond the choice of obedience before the presentation or the representation of the commandment which obliges the responsibility is annulled by the kindness of the Good that commands. Its own point of independence is to enable the existence of the other - expiate for him*<sup>18</sup>.

### Respectful deference

The respectful deference refers to a monitoring attitude based on *patience and compassion*. Patience is moral virtue recognized without further discussion. For Levinas, patience is a model of consciousness, the last hope model, of vigilant conscience, and, in some ways, is its effectiveness, grooving an opening to meaning: *The situation in which the private conscience of all freedom of movement retains a minimum distance in relation to pres-*

ent; the last passivity which transfers itself, however, desperately, in act and in hope, is patience<sup>19</sup>.

To this author, the ultimate proof of freedom is not death, but suffering. Such assertion, found in the work *Totality and infinity*, clarifies the fact that hate tries to humiliate through suffering, wishing the passivity in the eminently active being (should give testimony of its suffering): the spiteful being cause suffering; however, the hated being should be a witness, that is not transformed into object but, rather, must bear witness through its subjectivity

The subject takes consciousness of its reification through suffering; however, it should remains subject, aware of its condition. Hence the insatiable character of hatred, which would only be satisfied when it could not satisfy himself, since when the other is completely objectified; in death, the subject escapes and cannot testify. Thus, the supreme proof of will is not death, but suffering, and within the limits of his abdication, the will does not fall into the absurd exactly for patience – in other words, it means that it breaks with selfishness, allowing one to die *by someone and for someone*<sup>9</sup>; *the being dropped and opened by the excessive suffering waits in the patience mode*,<sup>20</sup>

However, the debate around the concept of compassion encourages philosophical discussions since Antiquity<sup>7</sup>. There are many detractors of *compassion*. Aristotle acknowledges that it may be the representation of a certain honesty, but undoubtedly he does not recognize it as moral attitude. Nietzsche states, in his criticism of Christianity, *compassion* as synonymous of pity, a condescending attitude. Philosophers such as Thomas Aquinas, Rousseau and others close to us, as Levinas, consider *compassion* as the ultimate expression of moral of the human being. For Levinas, *compassion* is the ability to share the suffering of the other, allowing to assume such *responsibility with no escape* against radical vulnerability of the other. Compassion would allow to be responsible for the other at any price in any situation<sup>12</sup>. *Compassion* would be equivalent to responsibility, being it the only way to help the subject at the time of death. The only human way of facing death will be the association to another – we will be *supported by another*

Medicine, with its role as a priori to the biological structure, i.e., of healing, does not fit to the *I dying*, since it I seem to have forgotten that in its early days and through its founders, such as Paracelsus, considered compassion of paramount importance to the practice of its art: *The practice of this art lies in the heart; if your heart is false, the same*

*will be with the physician within you. Where there is no love, there is no art; therefore, the physician should not be imbued with less compassion and love than God directs to men*<sup>21</sup>. Thus, only one other may be the medicine for that *I, aware of his compassion/responsibility*.

Being the alterity and consciousness of transcendence of the other the axis of Levinasian thought, one cannot understand *compassion* as the annexation of the other in a condescending movement; on the contrary, it is the answer to the *cry of the other*, to his vulnerability: *the nudity of his face*. *Compassion* is, then, the ability of human beings to escape his narcissism to accept something that he is unable to even comprehend: the suffering of the other. Compassion has important applications in dealing with the terminal patient, since it can be difficult to understand its aggressiveness or depression. The suffering is his and I realize it only through mediations that constitute a veil between me and him. If I can express my wish of following it up, is a wish never fully satisfied: The being *can only see his/her satisfaction in ontological horizon, that would be the coincidence of the 'be yourself' in your self totalization*<sup>22</sup>

The other, however, would stop wanting him in a completely different sense: without nostalgia of the uno, without objectifying a totality. *Wish*, in the Levinasian sense, would be the opening to non-completeness of infinite content in the world of ideas. *Idea of infinity – disconnected thought, quote from conscience, not according to the negative concept of the thought unconscious, but according to thought, perhaps the most deeply thought, of the release and respect of being, the dis-inter-est, relationship without taking possession of the being, and without submission to the conatus essendi, contrary to knowing and perception*<sup>23</sup>. It would dealt with the metaphysical desire, strong enough to go to the unknown. As says Souza<sup>22</sup>, *it becomes an 'inclination to strangeness'*.

*Wish* would be *hope of not expecting the completeness*. By knowing to be impossible the completeness of my wish, I can wish. *The metaphysical wish does not aspire the return, because it is the wish of a country where we were not born. Of a country strange to the whole nature, that was not our motherland and to which we will never transport. The metaphysical wish does not rest on any previous kinship. It is wish that cannot be satisfied, because one often speaks of satisfied wishes or of sexual needs or even moral or religious needs. Even love, is considered the satisfaction of a sublime hun-*

ger ... The metaphysical wish has another intention – it wishes beyond everything that can just complete it. He is like goodness – the desired does not to satisfy it, but deepens it <sup>24</sup>.

Against everything and everyone, against the hegemonic thought of post modernity ... Wishing, in spite of this, a time of the other, never completed. The desire would measure the multitude of infinity, which is the measure of the impossibility of measure <sup>9</sup>. As far as it can go the monitoring of the other, on his death, it hopelessly escapes, because each one, the most his agony is assisted, is inexorably doomed to die alone and also because, when we mourn the dead, it is always by ourselves we in fact cry <sup>25</sup>

Compassion opens distinct knowledge of domain knowledge, represented by techno science. Compassion recognizes the person's dignity in its greatest vulnerability, and not only in its strength. Euthanasia or assisted suicide, on the contrary, try to extend the domain of medicine over the time and domain of will over human vulnerability – belonging to which Levinas calls *the time of the conquest*. As Mario Vargas Llosa would have said in an article entitled "Una muerte tan dulce ": *Quienes tomar decisión de poner fin a sus vidas son personas que pueden valerse por sí mismas y no necesitan ser asistidas* <sup>26</sup>. Compassion allows, on the contrary, recognizing the human need to be assisted and, at the same time, the responsibility to meet these needs expressed by the other, causing the entry in the time that Levinas calls *time of exodus*.

This *time of exodus* is able to allow the construction or reconstruction of meaning, in the limit-situations of life, even against the absurdity of death, last frontier in the pathway of human beings. It is a patient and compassionate exodus that pulls me out of my self referring world and throws me to the other, in its vulnerability. It is the time for claiming human dignity, in addition to the circumstantial limitations. It is time to say that human vulnerability is not unworthy.

After the difficult access to the subjectivity out of the anonymous *there is (Il y a)*, in the face of the other, the subject ends up in any way consolidating himself and finding a meaning in the to-the-other. Death comes to implode this flimsy building: *Death is the impossibility for plans* <sup>22</sup>. One would have found the sense of reality in relation to- the-other, but even this direction ends by fading into contact with death – absolute time of human existence forming construction of I. It is the moment that cannot be dominated. Such obsession with death is due to the trend to understanding time synchronously <sup>27</sup>

Death shall suspend this power. The future becomes indifferent to my death. How to accept a future without me? *Death would be the break of obviousness – the return to temporality* <sup>16</sup>. The closeness (*tout proche*) and, at the same time, the unknowable absolute of death, since I never took part of it – a future that pervades time –, this inability to master it is the ruin of the future ... *Death makes foolish all the care I would like to make about its existence and its faith* <sup>16</sup>, and therefore, *what is important with the approach of death is that, at a given moment, we will no longer have the power, this is precisely the subject loses his mastery of subject* <sup>16</sup>

It is illusory to presumption of the I to be lord of everything, which, however, does not alleviate its responsibility with-the-other. *Patience/compassion* teaches me to live for a time after my death, which is the time of the *other*. Being for a time beyond me, living with a future, not taking care of himself, but for others. A time beyond me taking care of the other, without even waiting for his gratitude, what would be, in the end, a return to the same. Being beyond my time would be the time of passage to the time of the other: *The pre-original responsibility to the other is not compared to being, is not preceded by a decision, and death cannot reduce it to absurdity*, <sup>28</sup> since *in patience the will goes through the crust of its selfishness and shifts the center of gravity out of it for wanting as a wish and goodness that nothing limit it* <sup>29</sup>.

## The face

According to Souza, the translation of *visage* for *face* seems inappropriate in the particular context, in that it may suggest certain materiality easily reducible to ontological determination. What would not happen with the *look*, whose presence is the *subversion of the usual notion of determinable spatiality* <sup>8</sup> – more than an image, is a central concept of the thought of Levinas.

The face (*visage*) is the shock of the divine, the rupture of the immanent order, of the order that I can comprehend, that I can have in my thought, that can become mine: here is the *the face of other* <sup>8</sup>. The thought of Levinas refers to deposition of consciousness, the withdrawal of the *self* as the center of the world, a self referring world in which everything returns to the same. This deposition of consciousness would arrive exactly by the appearance of the face: *The presence of the face means an irrevocable order – a commandment – which owns the availability of*

consciousness. Consciousness is questioned by the face. The questioning does not mean an awareness of this questioning. The “absolutely other” is not reflected in consciousness. It resists to such an extent that even its resistance does not become a content of consciousness. The visitation is cluttering the very selfishness of I (moi) that sustains this conversion. Face disconcerts intentionality that aims at it<sup>28</sup>

This face is raised to the position of one of the pillars of the Lithuanian philosopher’s thought, especially if we try to make an approximation of this thought through the question/experience of death, and its ethical reception of the other. Given that this face is not a plastic representation, the relationship with it is a relationship with the absolutely weak, absolutely exposed, and how it is, it can only suffer the supreme isolation called death<sup>12</sup>. The face of the other, at the same time that encourages the murder, is also the *you shall not kill*, supreme paradox of human vulnerability.

I cannot let the other die alone; assist him and help him is my responsibility. Levinas inaugurates a *humanism of the other man*, contrary to the humanism that would not distinguish people considering them all as equals and with the same rights, which would allow only a humanism of I. This Levinasian humanism is an expression of the dignity of the other, in his vulnerability and need for relationship. An ethic of palliative medicine could be inspired by this concept, evaluating to what extent attention contributes to protect the dignity of persons in the last moments of life. The benefit of palliative care is not just measurable by pain scales; It is also assessed with the possibility of the patient give meaning to some life that he has left, that is, the possibility to assert his dignity, despite his weakness and dependency, and it should be stressed that recognizing his dependence does not mean, for the patient, giving up their autonomy. Dependence is the result of a pathological state; the autonomy is a right of the subject.

In the debates on euthanasia or assisted suicide one cannot forget that *face is the original expression*, the first word (ethical resistance), which says: *you shall not commit murder*<sup>9</sup>—an imperative that revolves around the concept of dignity. Some think that the living conditions define the possibility of preserving human dignity and, therefore, that the individual takes a responsible decision affirming his freedom to live or die. Others believe that dignity means the constant effort of the person in relation to the others, to make sense to his life, including in limit situations, as the approach of death. The dig-

nity of a person, recognized as the foundation of all ethics, is defined on a universal horizon and is an end in itself, which cannot be relativized or quantified. For many, this is the foundation of human rights, extending to the rights of terminal patients to receive a dignified attention.

In summary, ethics of palliative medicine could be elaborated from a dual movement: firstly, in *responsibility with no escape* in view of every patient and in addition to the technical possibilities of modern healing medicine, that is, a responsibility which considers the completeness of patient needs. It is necessary to understand that it is impossible to ignore this responsibility, since one cannot just pretend it doesn’t exist. In the words of Levinas: *The impossibility to rescind the responsibility for each other, the most impossible impossibility of leaving his skin, the inalienable duty that goes beyond the ‘forces of being’. A duty that did not ask for consent, that came to me traumatically, (...) without beginning. Coming without proposing to choose, coming as election. Duty that is imposed beyond the limits of being, and beyond death*<sup>30</sup>.

Still on the Levinasian trail with regard to the first point, it is important to remember the *pain-diseases* for which there is no relief at all. These are associated to disowned retarded, diminished and who raise the fundamental ethical problem that only these *pains-diseases* can lift: the ethical problem that its medication and relief is my *duty*<sup>12</sup>

The second point on which one could anchor the ethics of palliative medicine concerns the awareness of the *non-doman*, which requires a patient and compassionate relationship with the other, an ethical relationship with the other. Such fact introduces a paradox in design of scientific knowledge and social role of medicine, since it invites to move from a centered knowledge in domain of life, death and the body to an oriented knowledge in search of meaning for the human being, particularly in what, apparently, has no sense. Considering that the canons and rules for coexistence serve as the representation for the cognitive process and allow one to assume the *domesticated* nudity of the other and enjoy its form without revealing itself as otherness. Nudity not meant, ugly and without measures, is huge, brutal, shameful and therefore asked to retire from the cognitive construct that seeks to achieve understanding.

The other, formless, clumsy, is unsettling, *not assumed* (as defined by the work of the philosopher) and *dull*. Levinas argues that, even for medicine and military service, the naked body is a matter

of health, not the naked otherness<sup>31</sup>. The construction of this sense would be found in the relationship, in the exit from itself (evasion), in the mind of the *other* of his death, before his own death. *It is the discovery of the bottom of our humanity (...) the responsibility to the other is good, is not nice, it is the good.* The good, in the words of Levinas, is a *surplus of gratuity* and of devotion, as abundance without purpose and without end<sup>31</sup>

Death, as the border of sense, is the place of passage between the *conqueror* knowledge and knowledge *without domain*. The first can lead to extreme decisions such as euthanasia or assisted suicide, which would keep a relationship with murder, being the height of the ontological power development – when the violence of wanting dominates death it goes to absurd and is converted into impotence. *We would kill* death and *killing* is not to dominating, is *nadificar*, waive absolutely the understanding<sup>9</sup>. We would take the need of *can* up to where we could not can anymore. We would try to escape from death dying, since it would be too late for the only effective way to escape from it: not to be born. It is very significant Freud's explanation in *Mourning and melancholy*<sup>32</sup>, which teaches that *the I* cannot be killed, unless it is analyzed as an object and it returns against itself the hostility with which it aimed the object.

The conquering knowledge may explain therapeutic intensive care attitudes, trying to assert the dominance of human will and scientific power.

Knowledge oriented to the creation of meaning and, therefore, for the affirmation of human dignity, as an absolute principle, is based on the alterity primacy – basis of human identity and ultimate expression of a responsible freedom. Death can then become the space in which the transcendence of the other is revealed in its vulnerability. Death is totally *other* in relation to the subject. When it comes, the subject is no longer, since it is no longer an active subject and becomes pure passivity. And, even in the face of this mystery, when one cannot can any more, human responsibility is evoked: *The solitude of death does not make disappear the other (...) it makes, however, possible a call to the other, his friendship, his medication (...) death approaches as fear of someone and hope of someone*<sup>33</sup>.

Technical and technologized medicine, impregnated by the rational/scientific vision, can question the *results* of that ethical concern, that donation to the other, a true well beyond being. The response of palliative medicine, and the justification for its claim as a specialty is not in numbers, codes or laws, but rather on the quality of care in the doctor-patient relationship, the type of patient's participation in building of a sense to his last moments and in accepting other methods of validation of knowledge. Using again poetry: on the possibility of a deeper meaning. And the result? For them the life lived or dreamed. For them the dream dreamt or lived. For them the exact measured between everything and nothing ... For me all the great and deep ... meaning<sup>34</sup>.

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