

# The Philosophical Criticism Towards the Scientific Determination of Time-of-Death

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## ABSTRACT

Determination of time-of-death is closely related to the mortality criteria. In prehistoric times, the criteria of death were narrated through the event of the body being evacuated from the spirit or soul leaving the human body. Along with the development of science in the modern era, scientists argue the criteria of biological death and clinical death. This study projected to critically philosophically analyze the time-of-death determination related to scientific criteria. The methods used in the data analysis stage were historical, hermeneutic, comparative, and critical reflection. The results showed that the scientific criteria of death were inadequate to be used in the determination of time-of-death. Time-of-death objectively existed as a separate reality outside of human beings and its existence was absolutely determined or influenced by the existence of other realities. Time-of-death ontologically meant the end of life; epistemologically signified the absence of life and had no mysterious nature; axiologically it was a symbol or metaphor of human powerlessness to judge and determine the continuity of life.

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## I. INTRODUCTION

Death is a natural event that is generally considered a universal condition in human life. Definitions with various criteria of death can be found in various historical manuscripts that record the signs of the end of a human's life. According to Gordon and Schwabe (2004), in ancient times, for example in the Egyptian tradition, the criteria of death is articulated through the evacuation of the body from the human spirit or through the event of the soul leaving the human body as narrated by Homer in Wilson's "Encyclopedia of Ancient Greece" (2006, p. 23-54).

In the late 1960s, the development of new resuscitation techniques and techniques for maintaining circulatory and respiratory activity using artificial respirators after the brain function has completely and irreversibly ceased challenged the traditional standards by which humans determine time-of-death. Previously, it was thought that when the heart stops beating, all the vital organs also stop functioning because the blood that carries oxygen and nutrients to the vital organs stops flowing.

Conversely, if there has been a complete cessation of brain function, including loss of brain stem activity that regulates biological function or "body integration", respiration cannot be maintained and circulation will quickly stop. Artificial respirators have shown that mechanical replacement of brain regulatory functions can maintain the traditional indications of life, circulation and respiration, at least for a short time. The use of scientific criteria in the formulation of the definition of death is often ambiguous and therefore the attempt to determine the time-of-death in medical science continues to be a crucial debate. The dissolution of a person's body after becoming separate parts and then being considered a biological inanimate object is often misleading in determining the definition of death.

This understanding correlates with definitions commonly used in the field of clinical medicine. Physical death is considered equivalent to the disintegration of the human body in its biological functions, a condition in which all vital organs such as the heart, lungs and brain have been lost or permanently stopped. If the vital tools have stopped, then all organs or cells in the body will also stop and cause a person's body to be unable to work as usual, and eventually die.

## II. METHODOLOGY

This research was a philosophical qualitative research by putting attention to the dialectic between theory and the phenomenon of time-of-death determination that develops in science. The research material was obtained through a literature search related to the time-of-death scientific determination. The data were analyzed using historical, hermeneutic, comparative, and critical reflection methods. The historical method was applied by describing the origin and development of thought related to the time-of-death scientific determination, the hermeneutic method was used through the interpretation of the phenomenon of time-of-death scientific determination, the comparative method was used to see the similarities and differences between the various approaches used by scientists in the time-of-death scientific determination, and the critical reflection method was in the form of a critical review of the death-time scientific determination.

## III. RESULTS AND DISCUSSION

### A. Time-of-Death Scientific Determination in the Biomedical Sciences

Since a long time ago, the notion of death has been equated with the cessation of cardiac and respiratory activity. The connotation of the word “death” does not implicitly contain mystical or magical meanings. However, despite the metaphysical and theological consequences, the definition of “death” is used to designate a physiological state so that further efforts to provide medical or physical assistance are not in vain. Vanity in this context must be understood in a literal sense, i.e. a situation that does not have any effect in the determination of time-of-death. Therefore, before the heartbeat and breathing stop, empirical efforts can be made that can affect the course of the patient's disease, such as providing nutrition, fluids and medications.

According to Brugger, “If the brain permanently ceases to function, then humans cease to be organisms” (Brugger *et al.*, 2013, pp. 205-218). This biomedical definition suggests that death is equated with the death of the organism. The controversial clinical criteria of death are widely debated in the scientific literature (Shemie *et al.*, 2014). Some researchers believe that the criteria for brain death are only legal constructs regardless of metaphysics, and even from basic biology that actually determine death. Therefore, one of the core issues in determining death is the application of death criteria into laws or regulations related to organ transplantation and other clinical practices such as resuscitation that takes place in intensive care units.

Shewmon and Shewmon (2004) documented moments of death proposed by medical experts throughout history covering seven criteria for biological death, namely end of breathing, end of muscle contraction, end of pumping of blood (systole), lack possibility of recovery or reduced ability of spontaneous recovery, loss of consciousness, and irreversible loss or coma of brain function (cannot transform back) However, the criteria of death are not only related to the loss of biological abilities, but also to the loss of certain cognitive abilities (cognitive criteria) including the mental nature such as memory, morals or self-awareness. To develop an understanding of the criteria of death, a more complete elaboration of the standard of irreversibility in medicine has been carried out so that the definition of death becomes “permanent loss of consciousness capacity” (Manninen, 2009, p. 283).

Medical science has long developed its capacity to sustain human life, even if only for several time after neurological dysfunction has occurred. However, the development of this capacity has not yet reached the ability to restore the patient's condition to a state of health as before, and has not even reached the ability to prevent a decline in the condition that results in the death of the patient in a relatively short time. The progress made in medical science as a result of this capacity building is more pragmatic than theoretical. In other words, experts from the field of health sciences have provided a means to determine the functioning of physiological functions accurately and precisely, but they have not provided new insights about the meaning of life and death. Nor do they offer a new way of drawing the line between life and death.

The addition of neurological death (brain death) to the criteria of cardiorespiratory death has shifted the paradigm that developed when patients with acute brain injury can be resuscitated using medical facilities (Wijdicks, 2006). The medical perspective shows the importance of determining death by focusing on a pragmatic definition that is integrated into the section on neurological and circulatory death, as presented in the 2012 Montreal Forum Report. The Forum participants established on an operational definition of human death. This definition can be used to describe the state of human death based on aspects that can be observed and measured scientifically, biologically, and medically in determining the time-of-death. This definition is then used as a background or background in the medical world to establish the law of death (Wijdicks, 2006). Natori claims that “from a medical point of view, the legal determination of brain death has a limited time span and therefore there is a significant difference between the diagnosis of brain death which is understood as a clinical stage diagnosis and the legal determination of brain death which aims to organ donation needs” (2011, p. 363). Policies regarding the quality and safety standards of human organs that have been accepted by the world so far are internationally recognized guiding principles in the practice of organ donation and transplantation including certification or confirmation of death before procurement

of deceased organs and organ allocation based on criteria of transparency, non -discriminatory, and scientific. This policy exposition is in line with Wijdicks's statement on variations in the criteria of brain death that are codified in various parts of the world. Therefore, doctors from different hospitals in each country have their own way of assessing in strengthening the criteria of death through brain death and for organ donation purposes.

### *B. The Essence of Time and Death in Scientific Determination of Time-of-Death*

The term “time” in the perspective of philosophy is seen as part of the basic structure of the universe or a dimension that encompasses successive death events. In the philosophical approach, time is positioned as a dimension in which events can occur that can be experienced by humans from the past through the present to the future, and is a measure of the duration and interval of events. Opinions of philosophers contradict each other in viewing time. For Plato, time was created simultaneously with the creation of the world, while for Aristotle, the world was created in an infinite and continuous time. Furthermore, Plato said; “time appears together with heaven, for the two become simultaneously” (Cornford, 1997, p. 99). Meanwhile, Aristotle believed that Plato's proposition requires a point in time as a beginning which is a continuation of the previous time. Aristotle never suspected that Plato's ideas were compatible with Democritus's view of the uncreated concept of time. Lettineck quoted Democritus; “If it is perpetual motion, then time must also be eternal because it is a member of perpetual motion (1994, p. 562)”. The majority of philosophers, with the exception of Plato, asserted the eternity of time. Time has no limit (beginning or end), and every moment is the beginning of future time and the end of the past.

Ouspensky (2005) described time as a nebulous space. Time is understood and defined as a three-dimensional movement that is not contained within itself, so it is considered a fourth dimension. However, the theory that established time as a fourth dimension has made the future as fixed as well. The stipulation is a kind of production or simply implementing a ready-made plan so that free time becomes meaningless. Apart from being a fourth dimension, time is also superficial and external which in turn allows humans to be skeptical of its existence. Time can be lived by experiencing the consciousness that exists within a person which will always change from another state. This appreciation can occur through the senses, feelings, desires, ideals that change endlessly and dynamically. Such reformations are impossible to think in the absence of time.

The essence of death in the context of philosophy cannot be separated from the concept of human being initiated by the Greek philosophers. Documented in the history of philosophy, for example, Thales (624-548 B.C.), Anaximander (611-547 B.C.) and Anaximenes (538-480 B.C.) were philosophers who were still classified as natural philosophers who did not have a critical attitude towards human knowledge. After Socrates (469-399 BC), philosophical thought began to lead to humans and was then more focused by his student named Plato (427-347 BC). In fact, Plato was the first philosopher to pay serious attention to the discussion of humans.

Plato, as found in Moody's (2001), viewed death as the separation of the spiritual part, namely the soul, from the physical part called the body. Once separated from the body, the soul can meet and converse with the spirits of others who have died and be guided by the guardian spirits through the transition from the physical life to the next dimension. Plato described some people wishing to be picked up by a boat at the time of their death and would take them across the ocean to the “other shore.” Plato further asserted that the soul that has been separated from the body at the time-of-death can think and consider things more clearly than before. Immediately after death, the soul faces “judgment” in the place of a great “being” by showing before the soul all that has been done, be it good or bad. The great “creature” forces the soul to face it.

Unlike Plato, in understanding humans, Aristotle went his own way. Aristotle no longer needed the world of ideas (spiritual world) to explain the universe, including humans in it. Aristotle observed the universe in all its contents by asking questions; Does everything undergo continuous change or does it remain passive? According to Aristotle, in humans there are psyche (soul) and nous (spirit, ratio). Psyche (soul) and nous (spirit, ratio) are two different things. The soul is nothing but the principle of life possessed by humans. Aristotle did not associate the existence of the soul with God, but with the reformation that arose from the first matter. This perspective is what distinguishes Aristotle from Plato's view.

For examined further, Aristotle had become an evolutionist, who showed that from the first potential of material, various substantial forms of inorganic objects emerged, then in the plant area, material became the basis for a plant form or principle, then from its potentiality emerged a form or principle life from the realm of animals, and finally *psykhe* or the principle of human life. In the union of soul and body, when humans experience death, the elements of the body will be destroyed but the soul will remain eternal. Only the soul can attain the highest truth. The ultimate truth is the truth that does not result from the interplay between the soul and the body, but is known only by virtue of its detachment from the body.

### C. The Metaphysical Problem of Time-of-Death Scientific Determination

The term “death” that science has attached to humans is synonymous with cessation of breathing and cardiac function. This synonym of death in the biomedical field shows the occurrence of decay of organisms in the human body. The notion of death is thus expressed through empirical statements, as done by the ancient moralists who debated issues surrounding death, such as euthanasia. Since death is defined on the basis of criteria that reflect the empirical impossibility of revealing the essence of death, there is room for debate to assess and ascertain the time-of-death.

Two notable issues related to the metaphysical analysis of the time-of-death scientific determination, are; first, what is the true substance of death in scientific determination?; and second, how to determine the time-of-death factually? These two questions clearly separate the ontological and epistemological aspects and are influential in the formulation of the conceptual framework that underlies the metaphysical problem of time-of-death. From an ontological point of view, a conceptual definition is required to understand the nature of death. Among various definitions, death is ontologically defined as the loss of vital body functions or the loss of one's personality (DeGrazia, 2002). Meanwhile, from an epistemological point of view, certain criteria are required to know the factual death, as well as special clinical actions to find out that the death have been met the criteria. In this regard, cardiopulmonary and total brain death criteria have traditionally been considered as the main criteria that determine this knowledge. The definition of death, however, is related to further questions; how is the relationship between human death and the death of other creatures; can human death be called a natural biological event or as a physical death only? Or is the concept of human life and death related to the soul? or perhaps humans should be called ontologically neutral between life and death? So what does death have to do with one's identity?

Approaches to human death, in the twentieth century, were generally introduced by existentialist philosophies. Heidegger mainly distinguishes death as an extraordinary event experienced by humans. Heidegger clearly distinguishes death as an actual event and death as a personal understanding. Specifically, Heidegger states:

*The publicness of everyday being-with-one-another 'knows' death as a constantly occurring event, as a 'case of death.' Someone or another 'dies,' be a neighbor or a stranger. People unknown to us 'die' daily and hourly (1996, p.234).*

The statement above shows the conclusion of Heidegger's thought which emphasizes that death is interpreted as an event. Meanwhile, for Derrida (1995) death is the only situation that explains human existence from the non-existential side, that is, each individual finds himself or herself when their subjectivity and individuality reach their maximum state. In this situation, an individual is irreplaceable when he fully identifies himself, i.e. that he cannot transfer his death to others. Derrida deconstructs the existential concept of death as an irreplaceable experience. On the other hand, it can also be said that irreplaceability is given by one's own death. In this context, Derrida's view or perception regarding death is very principal to identify the events of death. What is meant by “my death”? Derrida says that the expression “my death” is an illusion of possibility. This expression “does not express meaning, even has no reference” (Gurko, 2001, p. 167).

Derrida hypothesized a different concept in understanding the meaning of his own death. According to Derrida (1995), humans are able to understand the concept of death as an absence in space and time that belongs to the self who experiences it, not belonging to others. That concept also reveals the antinomial nature of death. Meanwhile, Foucault, as pointed out by Gumauskaite (2003, pp. 3-10) introduces an approach that reflects the transformation of the concept of death in the classical medical system. Foucault through this approach understands death that transitions from death as a limit or threat to death as an interpretation of the source of knowledge. These two views show that the standard of Western European classical epistemology places knowledge as a rational understanding concept of reality that can be absorbed by the mind, including the reality of death. In short, death is nothingness.

The arising and debatable question is what kind of concept can provide an understanding of the effect or impact caused by death as nothingness? Isn't it very clear that human logical-cognitive instrumentation is very limited? Debates in answering these questions appear in various scientific literatures. In principle, the debate refers to an epistemological issue that follows a plot; from “thought and identity of existence” to “thought and identity of non-existence.” That is to say, if the phenomenon of death cannot be recognized through the paradigm of thought and identity of existence, then there will be no rational question of death. Instead, the question of the limits of the mind on death should be elevated.

The use of concepts of *homo philosophicus* and *homoreligius* are two terms used as a “forced” tandem (Varava, 2005). That is to say, the understanding of death is very important to become a general concept so that it is pushed into the realm of transcendence. Furthermore, the concept of death eventually becomes an entity (Saldukaityte, 2010). By knowing the entity, we can learn existence, i.e. that the presence of the entity allows existence to be generally known. The world in its general form is a non-random reality and of



eternal essence, not temporal. In other words, death can be defined as “a super-empirical transcription of God's essence into empirical reality.” (Varava, 2005, pp. 77-92). As a result, rational-logical instrumentation will not be sufficient for the mind to measure death in-depth and therefore it requires a transcendent religious dimension. Until this transcendental idea, answers to questions or claims regarding the limitations of human logical-cognitive instrumentation have not resolved the problem because specific standards of measurable and observable biomedical criteria are still required in medical practice, especially in decision-making related to emergency care, organ donation, and other medical practices.

#### *D. The Dialectics of Metaphysical Approached and Biomedical Decisions about Time-of-Death*

The application of advanced technology in medicine has enabled doctors to describe the physiological state of their patients and anticipate prognosis by showing a high degree of accuracy. The relationship between the manifestation of certain neurological criteria and the cessation of cardiac activity, as described above, does not express the notion that the neurological criteria are indicators of death. The use of neurological criteria in determining that a patient is in an irreversible coma is the medical judgment of a doctor in diagnosing a disease. But the decision as to whether or not to act on the information provided by the doctor is not a medical decision.

Decisions in the context of neurological death are autonomous moral decisions. Therefore, informed assessment results require the patient's consent before the physician acts on his or her professional judgment. A doctor may find that one of the patient's limbs has been broken, and then suggest the use of another limb so that the broken body part can be restored. However, the decision to replace the body carries a risk of failure that may require amputation. In these circumstances, action for recovery requires patient agreement. Also in such circumstances, the doctor can only provide information regarding the need for example anesthesia, length of hospital stay and costs required. This is not medical advice that requires follow-up.

Based on the example above, from the patient's point of view, it is not difficult to predict the appearing risks because they have been estimated beforehand. In the case of a doctor diagnosing lung cancer, the doctor can predict that if the patient's condition is left untreated, death will occur within six to twelve months. Doctors, in this case offer a system of treatment that includes invasive surgery, radiation and chemotherapy based on statistical evidence. The predicted or estimated five-year survival rate is between 10 and 15 percent. The patient makes the decisions, not the doctor; whether the patient wants or does not need to take action for the purpose of prolonging life at the expense of discomfort, pain, and medical expenses.

When discussing the criteria for the death of creatures, experts introduce several terms that are intended to explain the meaning of death according to its level. There is cell death, tissue death, organic body death, and human death. Humans themselves are known both as individual beings and as bio psychosocial-spiritual beings and more specifically, humans are known as individuals with personalities. According to Manninen, the definition of death contains the perception of one's identity (2009, p. 284). The question is when did human beings begin to exist as a person, and what conditions were needed to realize that individual identity. In the same way, death can be understood by answering the question when man's existence ends or when his existential condition begins to diminish.

Based on the considerations above, two approaches are identified to explain the understanding of humans as individuals. First, the understanding of humans according to their group as creature called animals on the grounds that humans are basically animals or representatives of the *homo sapiens* species. This understanding results in that identity is understood as an individual that remains attached to humans as long as their bodies continue to function or in other words, humans begin to exist when their bodies begin to function. Due to humans continue to exist as long as their bodies function, the death of the body can be defined as the breakdown of the integral unity of the body with its functions (Manninen, 2009). This *homo sapiens* approach led to the emergence of the idea that human mental character are not at all important as a personal identity. Individuality can expose the human self with or without consciousness. Second, the highly contradicted approach to human death is based on the idea that one's identity is related to psychological abilities. This approach views humans not only as animals, but rather as thoughts embodied through their brains. Humans must have a functioning brain to generate consciousness. In other words, humans can be said to begin to exist only if the cortex of the brain begins to mature in the sense that it has begun to become aware. On the other hand, humans must be said to be non-existent if they have lost consciousness. This approach defines two types of death; self-death and the death of the physical organism (Hershenov, 2006).

This approach is also well used by Shewmon and Shewmon (2004) in explaining that all the different cells, tissues, and organs are arranged and put together to create creatures. Therefore, the principle of unity cannot be a substantial organ only, but as a form or order that determines all elements into unifying substantial creature, including the brain. Following Aristotle, this unifying principle or form is considered the soul, and philosophically the first principle of life is to organize or categorize the body. Therefore, the

question is: is it human as a person who uses his brain as an instrument for mental functions, such as seeing, feeling, and wanting, or rather the human brain produces his personality? In the first case, man is the subject, as a mixture of material and immaterial substances. In the second case, the human brain is part of a living organism and should be a non-material and material organism, such as an animal (Aristotle, 1990).

Shewmon (1997) evaluates two contrasting thought experiments in an attempt to realize the ontological status of total brain death. Shewmon's conclusions are based on a conceptual and empirical understanding of brain death and therefore Shewmon suggests integrating the two approaches using mind- and body-centered definitions. Thus, the body-centered approach emphasizes the loss of the organism as an entity, while the mind-centered approach emphasizes the loss of consciousness and personality. The body-centered approach was largely initiated by Bernat who is the loss of the integrative entity of the body, asserting that it derives from the interaction of interrelated body parts (Bernat *et al.*, 1981).

Gert (2006) specifically presents four criteria of death which include loss of cortical function, constant loss of brainstem function, loss of all brain function, and loss of heart and lung function. However, only the third criterion was correlated with the loss of functioning of the organism as an entity and the loss of full consciousness. According to Shewmon (2009), the five criteria of death must be continuous at the cessation of oxygenated blood supply. This criterion is in accordance with Pellegrino's (2009) statement that any medical instructions that force him to not resuscitate has the meaning that any medical treatment should be considered meaningless. Thus, the reshaping of cardiopulmonary function is implausible. Therefore, the violation of the command not to resuscitate means that death must be allowed to occur as a natural last event.

Following Gert's (2006) criteria, humans should be regarded as hybrids of biological and psychological entities. Therefore, if only one of these two dimensions is missing, it does not mean that human is dead; but not physically or mentally capable. Permanent unconsciousness will then be considered as an extraordinary case of mental disability (Gert, 2006). However, this approach has been criticized by Lizza and other scholars. According to them, an important characteristic of the human personality is the mind. Therefore, the mind must be removed from the human organism. The human person is a hybrid of a biological and mental entity and if one of these entities is lost then the human person is also lost. For example, Lizza (2005) does not agree to accept patients in a vegetative state as incapacitated or sick. This perception is based on the assertion that the human organism can have biological life even without brain function, and, therefore, should be equated with higher brain death, as represented by other scholars (Youngner, 1983). In this case, Lizza assumes that the human organism can remain as an organic entity without brain function but cannot be equated with human death. Lizza emphasizes the increasing conceptual doubt as to whether a person with no brain function (according to neurological criteria) or the absence of a donor heart can be said to have arrived at the time-of-death.

Meanwhile, Shewmon rejects the application of neurological criteria and considers that patients (even if they relate to the criteria of death) should be considered alive and maintain their human functions such as intellectual potential and volition (Shewmon, 1997). Contrary to Shewman's view, Lizza (2005) considers such a patient to have arrived at the time of his death.

How to overcome such conceptual contradictions? Shewmon (1997) suggests a semantic division similar to the traditional comparison between the conception and birth of a living being. To escape semantic misunderstanding, death is defined in terms of dying and de-animation. In this case, death is considered as the permanent loss of an organism as an entity. On the other hand, de-animation is defined as the loss of an organism as an irreversible entity, which means implicit irreversibility, without the possibility of changing it back (Brugger, 2013). This conceptual analysis was applied by Jones (2012) when discussing the case of organs taken as donors from truly dead humans.

The clinical and metaphysical concepts of death, for Jones (2002) do not contradict each other, but are complementary and create a more holistic approach to human time-of-death. Thus, these terms have different meanings, namely that the problem of naming the event and time-of-death of a person who dies must be resolved using ethics or law in clinical settings, while de-animation shows a metaphysical reflection of human death (Jones, 2012). On the other hand, differences in the criteria of death that have a negative impact, such as the promotion of organ donation, can cause unfounded public fear, which in turn causes anxiety in patients and their families, as well as health care professionals. Based on Jones's view, the criteria of death and all the controversies related to practical problems in determining the time-of-death should be seen as an issue that remains open to more fundamental (metaphysical) and scientific (biomedical) research.

#### IV. CONCLUSION

Death is part of the philosophy of the basis of human existence. Death, ontologically, is not an event or moment in an individual's life but the end of life. The possibility of existence must always accompany life. Time-of-death and existence are always simultaneously present in reality. This idea introduces the dimension of time in life and death. Death is a possibility that cannot be comprehended without time to determine it. Therefore, existence has the possibility to be associated with the last possibility of existence. The idea of death is the limitless possibility of the universe. The infinite universe surpasses any other facility in life. In addition to the time-of-death has an ontological meaning for the end of life, talk of death often creates epistemological confusion. When death begins to be thought about in terms of knowledge, strangeness arises because what is being thought is not very clear. Humans have difficulty understanding the time-of-death that is interpreted as an end or as a beginning that signifies the absence of life. If it is not interpreted that way, death is instead seen as a quiet or gloomy or even unwanted "continuation of life". Death is a sign of the absence of life and is therefore not something of a mysterious nature.

The discussion of death from an epistemological perspective raises questions; Can humans know the time-of-death? This epistemological question is the same as that of metaphysics; How can one's existence be avoided from death? If life after death did not exist, then the problem of how to know the actual time-of-death would not arise either. In other words, the problem of knowledge of death is an open issue for discussion from an epistemological point of view, not only an ontological one. The concept of nothingness is logically absolute, definitive, and closed, while the concept of knowledge is open. However, both concepts ultimately rely on belief, even though its absence in the context of death implies the impossibility of humans having knowledge. Any knowledge that humans have about time-of-death must be related to negative thoughts about life. Humans from the axiological point of view, live a life based on the choice of values. There is no activity in human life that cannot be explained in an axiological way, including the activity of contemplating death. The intensity of axiological experience depends on the situation the subject is in. One of these situations is related to the experience of the inevitability of death. Awareness of death, suffering, guilt and various forms of struggle involving humans are situations that limit human freedom. Although death is a biological fact that cannot be avoided by humans, at the same time it is a mysterious matter. Man finds his limitations in dealing with the mystery of death. This means that death cannot be directly present to be judged in front of humans; moreover, death is to be shown through the circumstances and events that occur in or around death itself. Humans, therefore, express their helplessness in understanding death by using symbolic language and a metaphorical approach.

Due to the experience of limitations, humans face the time of death by considering the biological life which is believed to greatly influence the course of their life. Humans perform pharmacological, technical, and genetic actions in order to extend their life span. Humans then carry out transhumanism, which diverts efforts to extend life span to actions to maintain quality of life by avoiding biological and technical disturbances that have the potential to accelerate the aging process and reduce vitality.

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