DEATH AS A TRANSDISCIPLINARY PHENOMENON IN HEALTH PRACTICE: AN EXISTENTIAL REFLECTION FROM NORBERT ELIAS

MORTE COMO UN FENÔMENO TRANSDISCIPLINAR NA PRÁTICA EM SAÚDE: REFLEXÃO EXISTencial A PARTIR DE NORBERT ELIAS

ABSTRACT

Objective: to discuss about death as a phenomenon of human finitude present in health practice and implications in transdisciplinary care. Method: theoretical and reflexive study using as reference the ideas of Norbert Elias concerning the process of death and dying. Results: the experience of the dying process in clinical care brings awareness to be finite as inalienable instance of existence, which involves learning to live with the constant duality of life and death. Conclusion: the experience of the process of death and dying in the daily care involves learning to live with the constant duality of life and death. The transdisciplinary approach of care in situations of death requires teamwork, founded on deep reflections and centered in the serenity of attitudes that value the human dimension of the subject in the process of death and dying.

Descriptors: Death; Life; Thanatology; Attitude to Death; Palliative Care.

RESUMO

Objetivo: discutir acerca da morte enquanto fenômeno da finitude humana presente na prática em saúde e as implicações no cuidado transdisciplinar. Método: estudo teórico-reflexivo utilizando-se como referencial as concepções de Norbert Elias concernentes ao processo de morte e o morrer. Resultados: a vivência do processo de morte na clínica do cuidado traz consciência de ser finito como instância inalienável da existência, o que implica em aprender a conviver com a constante dualidade vida-morte. Conclusão: a vivência do processo de morte e morrer no cotidiano do cuidado implica em aprender a conviver com a constante dualidade vida-morte. A abordagem transdisciplinar do cuidado em situações de morte exige um trabalho em equipe, fundamentado em profundas reflexões e centrado na serenidade das atitudes que valorizam a dimensão humana do sujeito nesse processo de morte e morrer. Descritores: Morte; Vida; Tanatologia; Atitude Frente à Morte; Cuidado Palliativo.

RESUMEN

Objetivo: discutir acerca de la muerte como un fenómeno de la finitud humana presente en la práctica de la salud y las implicaciones en la atención transdisciplinaria. Método: estudio teórico-reflexivo usando como referencia las ideas de Norbert Elias sobre el proceso de la muerte y el morir. Resultados: la experiencia del proceso de morir en la atención clínica trae conciencia al ser finito como ejemplo inalienable de la existencia, lo que implica aprender a vivir con la constante dualidad de la vida y la muerte. Conclusión: la experiencia del proceso de la muerte y el morir en el cuidado diario implica aprender a vivir con la constante dualidad de la vida y la muerte. El enfoque transdisciplinario de la atención en situaciones de muerte requiere trabajo en equipo, basado en reflexiones profundas y centradas en la serenidad de las actitudes que valoren la dimensión humana de la persona en el proceso de la muerte y el morir. Descriptores: Muerte; Vida; Tanatología; Actitud Frente a la Muerte; Cuidados Paliativos.

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INTRODUCTION

In philosophical perspective, death has always been understood as the disappearance or cessation of human existence, but that leads to reflect the meaning of life. Existentialist philosophers speak of the subjective feeling of finitude: the finitude of human beings is their inherently radical, by fear, anxiety or the feeling of absurdity, man experiences the limits of her being, the crucial contingency of his existence.1

Death is the destiny of all living beings, however, only the man knows who dies and therefore he suffers front the issues of finitude. Studies about the dawn of civilization relate the appearance of the first metaphysical anguish of man to record the first signs of worship of the dead.

While possibility, death carries this double dimension: sense and nonsense that is in living and dying. The possibility of death and dying man launches into a transcendent experience of four stages: eidetic experience, ontological, metaphysical and religious.2

Eidetic because man is like invited to settle in the essence of things and stop shallow life; ontological insofar as track the path the habitat of being and not just having or appearing; metaphysics transcend what can capture through the senses and beyond the field of possible experience at the same time makes it possible; and finally religious to believe in the possibility of being reconnected with something greater than himself.

In the Middle Ages, death was common and public phenomenon, therefore, less hidden and viewed with ease. From the nineteenth century, death comes to represent a break from the normal course of life and become a hateful event.3 4 Living own death was part of life scenario. In the Baroque and Romantic period, this live began to be described in prose and verse, and was part of the aesthetic. There was space to treat the tragic that was part of life, so that one could experience this process alongside their family and funeral was held in the homes.

With the advent of modernization especially related to hospital care the dying process, including people with terminal illnesses, has become the subject of distance from the social and family conviviality making it a process of institutionalization of death. Obviously, “never before in the history of humanity were the dying away so as aseptic to backroom of social life; never before human corpses were sent so as odorless and with such technical perfection of the deathbed to the grave”.5 10

Rescuing the essence contained in the process of death and dying, and in a historic return to the origins of familiar intimacy of man with death in times of death technified between tubes and machines, many patients want and make choice of dying at home, beside of their loved ones, despite not always they are served in their desire, due to the phenomenon of death medicalized, as in the current cultural trend.6

The sophistication of the production system, which generates subjective forms of being, eventually denatures death itself. Death then proceeds to have their particular place and exclusionary. If there occurs a sudden form is in the hospital or institution for people with diseases without possibilities of healing to be treated. The more society is left affect the civilizing process, more if you want to cover up the death, “pushing it” out of sense experience.7

Like in other aspects of animal death, both as a process and as a mnemonic image, it is pushed more and more into the background of social life during the civilizing impulse. For the dying themselves, it means they are also pushed into the background, is isolated.5 19

Thus, institutions and professionals specialize to care, heal and deal with this dimension to slowdown in distress. In an attempt to silence the expression of death, then redirects to the tragic outcome for private spaces, away from the territorial context of the subject. Accordingly, Elias warns that “never before people died in a manner so loud and just as hygienic as today […] and it was never done in conditions that have fueled both the loneliness”.5 105

This is because the sophistication of ways of being, ways of life, the way of seeing things, makes people not have the time or way or time to deal with this process. We escaped the tragedy and despair of this size, denied by the capitalist production system, in which death, as a way of being, is meaningless and it becomes, paradoxically, a form of profit. In fact, “closely linked in our day, the largest possible exclusion of the death and dying of social life and the concealment of the dying of others […] there is a peculiar discomfort felt by the living presence of the dying”.5 10

Studies on the phenomenon of death are therefore highly relevant in view of professional involvement with the patient on issues about death and dying, due to the resistance to accept it, or subjective forms of it, implying finally, the care modalities. Thus, this study aims to discuss death as a phenomenon of human finitude present in
health practice and implications in transdisciplinary care.

The study is justified in view of the daily association of health professionals with the phenomenon of death and need to be approached as a phenomenon that transcends the clinic and mobilizes technological skills, whose meanings strongly focus on transdisciplinary care, considering also emphasize the importance of the human dimension that is required with the patients in the dying process. It is, therefore, a theoretical study from theoretical-philosophical Norbert Elias concerning the process of death and dying since this framework brings important insights about the suffering of the patient in the process, that contributes to enabling a transdisciplinary approach of this phenomenon and promoting the professional practice of quality among these patients.

- The institutionalized death and the limitations of biotechnological knowledge

The hospital had today as a place of death, was intended for the destitute and dying. It was where the subject should also be prepared spiritually to another life, so that the disease could have a sense of deprivation, or repair of sins, and served to prepare the soul of the individual who, under the aegis of belief, sought his redemption. However, it can be said that in the modern hospital, healing and restoring the body take place of religious rationality, the scientific and technical sense of the disease to the body as needed for production, there being no room for death as a phenomenon existential.

All this helps to push the agony and death more than ever away from the gaze of the living and the scenes of normal life in developed societies. It is considered that: “never before have people died as quietly and hygienically as today these societies, and never on terms as favorable to loneliness”.

The technology has provided the postponement of death, however, limits the situations confronting the technological domain and making it unable unsuccessfully regarding the continuity of life. Medical advances have enabled the cure of various diseases and prolonging life. However, this development could lead to a halt when it comes to seeking a cure and save a life, with all diligence possible, in the context of mission impossible: to live a life in which death is already present.

Increasingly, knowledge about the body is marked by the growing influence of the scientific gaze, and therefore the possibility of metaphysical explanations end up being removed and left in the background. Have greater control technical and scientific about death in contemporary society than it had previously. The highly technical knowledge of the healthcare team, plus a predominantly technological environment with sophisticated procedures, promotes an attitude of denial of death. This is because there are still obvious gap in the academic formation, about the phenomenon of death in the sense of strengthening professional future, leading unprepared to deal with this issue nonsomatic. It is necessary to restore feelings of understanding, solidarity and compassion without which we will be making a cold science that does not include human dignity.

Despite favoring the maintenance of life or mitigate suffering, technology and therapy become an alluring and biased aspect to absorb the attention of the health team, directing an approximation technicist and indifferent to the human dimension of the patient in the process of death. On the other hand, with high technological diversity present in varied needs of patient care, refers us an eminently pragmatic consideration that the machines in the choke, or wear make us fall into oblivion of being, especially those with illness with no chance of healing.

In detriment of technological apparatus and exhausting labor insurgencies in commitment to patients with serious, it is important to always establish a care focused on the human being, and not go back to a mechanistic activism in which the involvement of others in the process of death is deficient. We must pay attention to this dimension, rescuing professional interaction approaches that will minimize the loneliness and suffering of those who are in the process of death.

- Death as real human finitude

The experience of death as something real becomes an objective perspective of existence as something that can never be told, because it is not situated in the field of language. Is a projective dimension, a becoming, a search for the meaning of finitude, this dimension that can be answered by belief, by metaphysics and the transcendence of self.

It is known that the field of subjectivity, in studies of the hermeneutic sciences, what is described on death is in the world of language, whether verbal or nonverbal. In this sense, the sense of finitude makes speak, represent, and create rituals, mystical and aesthetic representations. We can do this
because we are externalizing what lies in our world of the psyche. However, the contemporary world requires a lot of sense, in other words, to nurture values that take into account the perspective of the human respecting their uniqueness. And when we do not produce sense or more sense when we see things, we generate symptoms and the disease becomes a mark of death in our body, which reminds us of the limits and the possibilities for a rebuild and seek new way of living.

In this perspective it is necessary that the disease is seen as a multisememic phenomenon in the sense that the body gets sick is not achieved alone, as if it were an alone self-identity, but he is first of all, a ‘we’, though we have received the legacy of the Cartesian model. In fact, “this form of self-identity, the perception of himself as devoid of a we” 6,162, emphasized by the Cartesian cogito, which means ‘I think therefore I am’, has spread widely and deeply since then. So evident, that thought has influenced professional practice, especially in situations where the dualism life and death confront the being who suffers and who cares.

Face of these entanglements of subjectivities both with regard to the patient and with regard to the health professional, the issues related to the process of death and dying become quite complex, as they imply in their ways of caring.

Being faced the possibility of life is to be facing the possibility of death. Life and death are the dialectical expressions of identity in difference. Since we are born we begin to die. The disappointments, losses, small treacheries, no friend, are little deaths we experience in our existence. However, death is no possibility of life, resume, catering. This is because, as subjects endowed with life, when we speak of death, we name the language in a symbolic sense, the production of meaning, which obviously lies in the cultural sense.

● In the care of the other’s death: the death inseparable reflection of themselves

Faced the phenomenon of massification, everything tends to be trivialized even the phenomenon of death. This makes us speak of death as if it were a generic event, distant, unforgiving and while never happen to us. Rescue the awareness of death, and take the finiteness of life enables the human being to revise its ethical values, aesthetic, cultural, finally, their relationship with themselves, with others and with what is considered as transcendence.

Man is the only being metaphysical, that the exceptional condition, known in anticipation of their own death, and because their only certainty is to be destined to die, the man then undergoes addition to this, the dimensions of past and the future, and asks for the meaning of their existence.3,13

The great thing is that we are aware of our existence, but a consciousness linked to the ego, which always defends, tries to fend off anxiety, and create meaning through their defense mechanisms. Death is desolate, and cannot seem to be addressed, except in so far as it sees relativized, and appears to be the domain only a part of our being.14 The death of another is a reminder of death itself, causing therefore an inability to give those who die the help and affection more than ever need, when you dismiss the other human beings.15

Death is an existential event, human, unlike what happens with the withering of other entities, such as a leaf falling from a tree. What we can infer is that we have difficulties to accept our condition of being-toward-death, the body shows signs of aging or illness to death. The prospect of being-toward-death is in that “death is, ultimately, the possibility of the impossibility of pure and simple being-there [Dasein]. This death reveals itself as the most proper possibility, irredeemable and unsurpassed”.16:199

We cannot imagine it and, deep down, we do not want. The identification [...] with the dying understandably puts special difficulties for people. Consciously or unconsciously, they resist the idea of their own aging and death as much as possible.5,30

Despite being part of human existence, death brings a great deal of anguish and fears for those patients who are approaching them and also to health professionals assisting them.17 In fact, identification with the dying understandably poses special difficulties for people. Consciously or unconsciously, they “oppose the idea of their own aging and death as much as possible”.5,30

This trend running through disciplinary practices along when it dies, points to the understanding that, in anticipation of death undetermined, but some, Dasein opens a continuing threat. There is a tenuous relationship with the anguish and her being-there is nothing before the possible impossibility of its own existence. In this perspective, “the being for death is essentially anxiety”16,343

The process of death and dying causes emotional distress for all involved, both family and professionals, linked by a common
experience, but experienced a blending of the death of the other alludes almost mandatory to death himself, triggering attitudes often distancing and avoidance of being that dies.

Conflicts about the subjective finitude affect the ways of acting on each other in the process of death and dying. People often “do not know what to say. A range of words available for use on these occasions is relatively meager. Embarrassment blocks words. Dying for this may be a bitter experience” 5:10 and, before this difficult experience to be lived is very important to them, the fact of feeling “that do not cause embarrassment to the living”. 4:76

Studies point out that, before the death, attitudes can be varied, horror, acceptance or indifference, and present structured differently, depending on the imagination of each one, in its modes of carrying life and position themselves in the world, whose mindset alters or adjusts itself according to factors external to the man who settle for culture in relation to situations ideological and philosophical. 18

Commonly sees a departure from the professional in relation to the patient in the process of dying, losing up excellent opportunities for sharing. Because death interferes with transcendence, although many have a fascination in finding the answers to the mysteries surrounding the life from the perspective of death, and others to understand just how the cessation of vital functions.

The professional to attend to this patient, should ensure a dignified death helping man to face the anguish and take your chances, even amid the reflection of his own death. The art of watching the other on the edge of life and death involves the question of the relationship between ends and means we use to achieve the therapeutic goals though, and also the dialogue that is listening and speaking from a perspective of openness and availability to the other. The awareness of the finiteness helps us to question whether we lead a life authentic or inauthentic. We understand that only the genuine man provides an opening to the other, facing the anguish and assumes the construction of his life. On the other hand, the man inauthentic escapes from trouble, takes refuge in impersonality, denies the transcendence and repeated gestures of “everyone” in everyday acts.

Dealing with the human in the dying process requires a caring warm, which also implies recognizing the condition of finiteness of the patients, but on the other hand, our own, and accepting ourselves as being-towards-death. Therefore, the inauthentic way of caring departs form the man's ability to take your real existential condition, its possibility of being-towards-death. And this awareness of finitude makes us reflect the need for a questioning of their everyday actions and a quest for authenticity. 19

Only by understanding this possibility existential finitude is that professionals who deal with patients in critical condition or are beyond healing care can experience authentic with this is-what-sick and can commit to a service that is not geared solely to healing but that provides patient care as a being full of humanity, with the affective, social and the right to live her die with dignity and respect. 17

For health professionals there is a path in which knowledge and composes blends elements of cultural belief, it becomes impossible for the individual to undress everything he believes come to take refuge in their values to support a work so laborious, besides integrating the spiritual dimension of care. 20

The feeling for the unknown, the limit of life creates, makes the subject is perceived on the void of existence and seek meaning for the suffering and death that can be subjectified rationalization, technical and scientific knowledge, faith and thought magical and religious. Given the fragility, often being appeals for help. Faith comes to this meeting and the professional must realize this need meet the client and respect their beliefs and thoughts.

Front of the patient dying process, hospice comfort, it is vital to enable the bereaved to express their feelings, desires and expectations, even if in a few minutes. Crucial in the process of dying, you need to have a presence, listening, respect and comfort. The moment is the patient, so it is important that it feels comfortable as possible. They may feel embarrassed, oppressed, controlled and we must provide an environment in which he will be comfortable with yourself.

- Transdisciplinary be in the care of dying

The life and death situations involving multiple characters: patients, families and health care team, in addition to hospital. In a symmetrical relationship, any decision will involve all these characters, listing the pros and cons of each option. This whole discussion is fundamental is at stake when the pursuit of dignity, especially with the
approach of death, involving valuing the needs and reducing suffering.23

Understand the phenomenon requires a posture that death permeates the various disciplines, a dimensionality, respecting one in multiple.20 In this sense, Norbert Elias is consistent to reflect: “What dynamic human interdependence presses for integrating increasingly extensive areas under a government apparatus relatively stable and centered”.22,23 And he adds: “The network of interdependence between human beings is what binds them [...], that is, a structure of mutually oriented and dependent people”.22,249

The phenomenon of death permeates and transcends the individuality of the professionals who care for the patient in the process, thus requiring a transdisciplinary approach, which evokes a maximum interaction and complicity of knowledge about this complex subject, from of professional training. Importantly, the difficulty of inclusion of preparation to deal with death in academia is not therefore just a accidental effect of education of other health professionals, but implies epistemological issues that underlie the very rationality of disciplines health, which is the difficulty of learning to cope with the pain, suffering and death.21 Accordingly, the transdisciplinary configuration allows an opening for the crossing of this complex phenomenon, in the various specialties involved and interdependent in this care.

The man as a being is delivered to your death that is intrinsic to their nature, and what is at stake is your way of being in the world. We can say that being in the world is also enjoying some interdependence, a nexus salutary outlining each interrelation our pluralities, singularities, configurations and complexities that makes and remakes in each intersubjective relationship and so man seeks to win in your life a broader sense, because life is this quest for this achievement of meaning in everything that man makes and designs, because we are beings projective. We inherit and transmit life projects while designs, because we are beings projective. We

Death is a possibility that the very ontological Dasein [being there] always have to take. [...] This possibility, what is at stake for the Dasein is simply his being in the world. His death is the possibility to be not more then [...] This possibility irremissible most proper and is at the same time, the extreme. While it can be, Dasein is not able to overcome the possibility of death. [...] Thus death reveals itself as the most proper possibility, irredeemable and unsurpassed.16,226

Often we see the lives of critically ill patients, high complexity or not, slipping away, despite all efforts. As health professionals we grieve in situations of cessation of life, because they are crucial times, often so fleeting and so long at one time, and assign different meanings to the cardiorespiratory arrest, when occurring in previously healthy patients with diseases or reversible or in patients truly terminals. In the latter mode, we reaffirm inextricably with death, not infrequently announced with the patient dependent on or not technological resources, which, after all, does not have the impact expected, although extremely useful in the face of multiple indications.

It appears that it is of fundamental importance the role of an interdisciplinary team focused on transdisciplinary that confers intervening in depth across the problem so as to avoid having to cut corners unnecessary and counterproductive, contributing in this manner to the resolutions plausible in this existential enigmatic mosaic.

Especially in those last moments as death is expected, one must involve efforts to provide the best quality patient death possible, protecting their right to die with dignity, and preparing it with comfort and support you need, and also prepare the family.24

Thus, whenever possible, the presence of family, religious belief and consistent with the patient’s wishes, or loyal friends, the bedside or next to the bed especially those who are lucid and still eager to fight against death, but feeling losers, and sometimes even hopeful in other dimensions. Obviously, the healthcare team should always be around and willing so discreet, efficient and unconditionally to the needs of the sick.

On the other hand, it is necessary to be well prepared for the loss in the process, breaking disciplinary boundaries, because everyone involved in the deal with being who dies and the same existential questions and feelings permeate the different formations.

In many ways the health team subjectively death, this loss may reflect a condition of failure, frustration, helplessness, sadness, defeat by death, and denial or escape for not have it won.11,18,25,6 However, the transdisciplinary approach of health
professionals about this being who dies has supported dialogue on the crossings of the process of dying and death, idiosyncratic to each patient at the clinic where it is located, glimpsing being supported, welcomed, listened to, both the patient as her family, but also, on the other hand, the professionals involved in the direction of mutual reinforcement.

Care beyond the limits of the die as it proceeds with the body after death. We stand before the situation postmortem, with family, with the person's body, with the records and lawsuits involving transdisciplinary care in the dying process. In this sense, caring full presupposes also take care that our words and actions do not come close to other more harm emotional and existential. There is, therefore, the difficult task of the physician, nurse, psychologist or social worker, to communicate to families the death of their loved one, and due respect to the dead body, and the right to the image and honor of the deceased, which must be protected by those standing to exercise such authority.

The rituals, philosophy, religion, are instruments that give meaning and lead the search for possibilities, before the feeling of impotence. The rituals present in the care of the body after death are evident in the preparation somewhat cultural, ethical and aesthetic of dealing with this body. The care starts to transform suffering into wellness, bad odors in good odor, the tragedy brought by the disease in aesthetics, the tragic death of a serene and comfortable look. Even in the face of death if you want to bring the aesthetics of existence.

Clearly, that man always prepared the bodies of their dead, but was inserted in a culture with various transversalities. The capitalist subjectivity operates a support cultural fractioned dichotomous, so that this issue of the preparation of the body, withdrew the sacred, which is more a body of another person devoid of subjectivity. On the other hand, the ritual that dispenses the body also expresses the subject's social class and symbolic form and the importance of dealing with it, by means of sophisticated care and treatment of the body after death through burial, where it merges legal aspects and aesthetic, so profitable and lucrative, including where it will be deposited.

It is considered, therefore, that meditating on death is also reflect on the importance of taking care of one who is in the process of death and dying that involves a transdisciplinary perspective, there is nothing to treat death as an isolated fact:

The tendency of each group of scientists to consider your own domain as sacrosanct and as a fortress [...] blocks any attempt to relate the different scientific fields through a common theoretical frame of reference. It should be noted that it is up to each of us assume the transdisciplinary attitude, because the issue of transdisciplinarity more than a theory or concept needs to be taken as an attitude, as a modus operandi that exceeds the boundaries of episteme (Greek word: scientific knowledge) and doxa (opinion), myth and logos (meaning: written or spoken word - the verb) that can effectively reach the understanding of phenomena, because one must understand the meaning of death by the roots or dimensions world-of-life, especially in the context of professional practice in dealing with the human being in the process of death and dying.

Indeed, the confrontation with the extreme situation provides the unveiling of the man and the professional will have the opportunity to exercise the understanding of his patient in that it perceives as a whole, not just as a being-there scientific, that is, determined by science, pierced by it. This is not to deny the science, insofar as it is a way of knowing, but rather to understand that it does not account alone of the human being as a whole, and today more than ever, the health professional must be confronted with this issue which is crucial lest we fall into place common assistance mere technicality, but to be able to reinvent the care that considers various perspectives even think about the possibility of death as a point of departure and not of arrival.

**FINAL REMARKS**

The health care field has perfected in his praxis assistance in dying, because dying is part of living. The experience of the dying process in clinical care, even from the disease, it brings an awareness of finite being, a possibility of finitude as an inalienable part of existence, which involves learning to live with the constant duality of life and death especially in daily care. In this context, the manifold transdisciplinary approach of care in situations of death, evokes working together for life and dignified death, founded in the ecstasy of deep reflections and concentrated in the serenity of attitudes that value the human dimension of the subject in the process of death and die.

Therefore, as one can not dissociate the reflection of our own existential condition during the care of the person in the dying process, the more witnessing the lifetime
limit and surpassing this in the same way, one should not ignore the crossingcutting issues of finitude, or break the bond of ethics, dignity and respect to the patient dies or your body even after death.

The death throughout its history from the disease or not, is a phenomenon present in practice, a significance that transcends the whole premise biological, physiological, theoretical or technological, surpassing for the human dimension, intangible own every being, both one who suffers as one who cares, finally focusing on the attitudes of care to the suffering of others, including him or ignoring him, allying themselves or alienate themselves, approaching or distancing himself from the whole life-dialectical death in the transcendent plane.

Open up new horizons for relevant research in this area, paradoxically, as mysterious and fascinating prism through challenging and hopes more encouraging. The study offers possibilities for an understanding of the subjectivity that pervade be in the care of the dying process. The contributions of this discussion about the phenomenon that transcends death biophysiologic instances, technological limits, disciplinary knowledge and forms of care, reinforcing on the need to seek new ways of dealing with this human dimension, an ethical perspective that values life of the subject in this whole process.

It is suggested, therefore, deepening knowledge about the phenomenon of death from professional training in various areas of health, besides the implementation of discussion forums in disciplinary clinic, enabling pervade the topic of death under various looks, preparing and reinforcing structures foundations interior so beneficially to focus on watching the patient.

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