Austin Journal of Emergency and Critical Care Medicine

Open Access

Austin Publishing Group

Special Article - Palliative Care

Words to Say

Troude B*
Université Paris Descartes, Université Paris 1 Panthéon-Sorbonne, France

***Corresponding author:** Bernard Troude, Université Paris Descartes, Université Paris 1 Panthéon-Sorbonne, France

Received: November 09, 2016; **Accepted:** February 08, 2017; **Published:** February 10, 2017

Abstract

By offering anethical and philosophical approach of the course of those laps that are life and waiting for a little late if scheduled, this textual development provides access to the site of damage expose s the body as much by the natural aging and psychic degeneration consequences of age or serious illness that will transform anatomy. The end of life is often based on images to of the hypotheses. However, it is the duty of all: duty to avoid physical pain what so ever and as much psychological suffering difficult to assess and contain. To express the imminence of Death that is becoming daily more of all medical probability but a certainty arises for one question: when?

The need to say becomes crucial and the words must be convincing. Four evocations of subjects to consider:

1. The testimony of an accompanying lived in approaching the end of life, death. Life for them.

2. Trying to recreate the feeling of people who have experienced the support hospice and death (at home or in healthcare settings) of a close before driving a reflection on the human person facing death.

3. An end of life with respect and dignity should no longer be areas on but stating the must be based behavior. Wear argument on the latter subject back to obvious.

4. Sectorize palliative care, would that be a bad resolution?

Keywords: Palliative; End of life; Memory; Death; Behavior; Terminal Phase; Support; Trouble Care; Communication; Vision & Outlook

Words to Say

Der Tod ist kein Ereignis des Lebens. Den Tod erlebt man nicht [1]. L. Wittgenstein.

In this quote already, sensitivity issued by the translations, atleast to the second part is made of different expressions so we discern the perception of different images [2].

Saying after Knowing

By offering an ethical and philosophical approach of the course of those laps that are life and waiting for a little late if scheduled, this textual development provides access to the site of damage exposes the body as much by the natural aging and psychic degeneration consequences of age or serious illnesses that will transform anatomy. The end of life is often based on images to assumptions that I will be careful to judge. However, it is the duty of all: duty to avoid physical pain what so ever and as much psychological suffering difficult to assess and contain. Anyway, any pain that cannot be tolerated at best be shortened, that is part of our commitments and obligations. The commandment "You smile and sing in difficulties" no longer holds. We are challenged in this "terminal phase" facing the human experience of the end of life, with brutal consequences that last journey or a serious disease whose cure tests are undertaken under the aegis of the oath Hippocrates. In reality, these facts marked indelibly in the memories, delicate events in nature. Some benefits of using these moods for the exercise of their life forcing tenderness, the apitoiements and other distressing and soothing effects. These psychological states are part of a well established rite in the brain, a ritual that will put to the voluntary standard with the abandonment of colorful shapes, abandoning any idea of laughing or even smiling.

In such cases, the situations (in private or hospital) do not affect only the patient but the whole family and all environments; I mean the collateral descendants, directly and not direct. I have previously written: "The constitutive behavior emerging from cultures with regard to this final stage are that different populations and rituals (often ancestral) Death is adjective of fear, death is embodied in a rock, or in possible murder highlighting the dualities of two apologies: that of survival and/or that of a rebirth elsewhere. In our contemporary, postmodernist representations, recent designs have seen today between the biological and the connection of all life with death to deny this final act and provide this treatment as a form of scandal" [3]. This is a barely defined time when the human being is degraded and adds to the number of people that the company withdraws from the world view. How else to call this she living in private hospitals or hospice environments when people who must, by their serene presence, surround what is still alive and will be recorded and/or quietly evicted. The causes are multiple: it will age (too young so traumatizing image exclude a future and certain death) to the medical model of contagion or possible contamination. Directions, except medical, health center (I expressly and voluntarily make globalization) are to blame for this fear of transmitting a last frame and mostly argue that the precautionary principle of idiocy while palliative care places will

Citation: Troude B. Words to Say. Austin J Emergency & Crit Care Med. 2017; 4(1): 1054.

generate nothing if not a morbid compassion. Therefore what words can be used? What expressions are heard to good effect? When a long time patient degenerates, bodily changes and that all his faculties (do we really know those abandoned by the end of life?). Appear visibly altered or missing and will still be in action, we think really be safe terminal images of the end of life? A great researcher, brain doctor, told me that he preferred to "keep his dying" in its service. We always have this idea that these moments are moments in between knowing (sometimes unconsciously for certain) that this purpose can only be the end of the life path. It should not be a doctor to realize that the state of the body before us is terminal regardless of age. Clearly along wait in the terminal phase removes any apparent happiness, we are in the ritual (Life stopped for all of the small community) of tasteless universe fatality in a universe against time which nobody at present dares to speak or not say in simple words. Many will keep the hope of a possible resurrection that comes from this fact a religious redemption that would be welcome, as things of life would resume their normal course right Out of this ante chamber of hell of an elsewhere unknown: hope for some, despair for others, unspeakable end (scientific, logical) for the majority of so many others. Be fall the words and confirm are port of situation. To express the imminence of death that is becoming daily more of all medical probability but a certainty arises for the only question: when?

The need to say becomes crucial and the words must be convincing.

By the time the medical functions, the continuums of care and end of life situations are the subject of controversy (even critical medical authority and undermined), this research addresses the better understanding of this perception issues complex facing chronic physical and physiological condition. The study raises the problem of "how to bring the words" and "what behaviors to adopt", "how to deal with medical situations and unique identical humanely". The word and the words then are therapeutic essential tools for the creation of this relationship between patients (of all ages)/family/ medical personnel. Eric Emmanuel Schmitt brings his perspective on hospital environment through the Experiences of a child: "The hospital is a super nice place with lots of good humor that adults talking loudly, with full of toys and pink ladies who want to have fun with the kids, with friends like always available Bacon, Einstein or Pop Corn short, the hospital is the foot if you're sick pleasure. (...)" [4]. How sick are they happy with the receipt of their affection and to whom? If this is the cohort of care givers to Begin by the doctor. Otherwise disapproval of, for highly technical reasons, there will have been misdiagnosed or finding of error or simply failure thus applied ineffective remedy solution, making the disease worse than before therapy become dangerous or at best without no interest for the patient perceives constantly deteriorating.

Should we regret that the words lie, therefore in this position for use in fine as a pain killer? Before going in to details, let us say the Real Truth: that we will never be immortal in our body whatever life between birth and death. But the use of words success ion of vital strength when it comes to recording and talking about of Death, and some next. Obviously these as final words in there perceived image become in tolerable and rejected vocabularies atleast for those who maintain that relationship. That is a fact. The environment of palliative care, (pardon service reserved for palliative care) can off era peaceful ambience and serenity, despite some appearances. If you are "visitors" and depending on your degree of relationship or friendship, you will regret this too quiet situations, these sets without environmental jolt both the color by volumes, lack of "furniture", silences forced, low voice and phrases interrupted by the beginnings of sorrow. Why not let the terminally ill patients in specialist services treating them? At least, this was any avoided shelved to spend life (possible) a deprivation of physical removing trace of life: death. Many of us think that a care place shared by all living and the Particular end of life remains serene for it because he knows the place.

Can you imagine what will happen? Of course yes, and in the opposite case emerges of a serio lack of an overdose of non sense ingested mentally.

If you are noting the cases to solve and if you have a recalcitrant form for discussions, then you depress doctors, nursing staff and finally the family doctor will become therapists. I speak of those patients who still have the power to say and in the case of medical emergency will be replaced by relatives who will intervene, spouses who will not "drop" their half. Just think, this is X years that we are two. Finally, a parent who cannot admit what happens before their eyes with their children's. Doctors are still resistant to the ideas of operations, interventions. Perhaps they find their inspiration only, why not just they say that death is near and will be the only solution to the current disease.

The problem in a place that will be *medicalized* means the word "die", not one will hear you and the conversation will be diverted from the real issue, which is the end of life. The evidence of the need for support is urgent and loss needs to be accompanied. Chantal Haussaire Niquet in his opus "The child interrupted" involved in the awareness of his injury: "Only an accompaniment of many faces, discreet and yet insisting terribly attentive to my impulses and also my contradictions was likely to guide my steps on my way of mourning" [5]. How many (patient and family) will all refuse (there appears the problem of organ donation) even before the fateful hour, this fatal time? How many believed they had found a miracle solution to cure, relieve and cure why not being out in the standards while Just listen to the words to overcome a physical or mental condition deteriorated more and more difficult and the entourages that it is nothing worse than give all strength to overcome the situation. « The logic of such living, guarantees by the nervous system, helps to break the gaze usually worn on the links that reassure, but holding and breakages that issue but that worry" These few lines of C. Aimelet Perissolina 2007 article [6] forcing the understanding of these vital mechanisms to accompany (child or adult) in the emotions that occur when changing physical or neurological condition, design this contact to live our body, as our relationships with others.

These are the words and how to say which become paramount.

End of Life, a Natural Problem

"Life is short, art is long, opportunity is quick (to escape), empiricism is dangerous, and the reasoning is difficult. We must not only make you what suits; but (be supported by) the patient, with his assistants and by external things" [7] Hippocrates, As with any form of organized society [8], there are clearly many ways to properly consider the end of life in terms of palliative care spaces as a research object.

We can consider:

1. As simple environment like this tends to be in the rites become customs. In this case, not reflect the plurality of the relationship and dependency patterns, relative to each other of the individual units within these boundaries.

2. As a kind of material or conceptual artifact in which the material structure of the hospital space is Totaled in a set of legal concepts, religious and regulations that control the end of life of individuals within the community.

3. The palliative care space (hospital or private) can be regarded as a functional unit, in which the relationships between the individuals composing it will be determined by the conditions imposed by the material structures, avoiding formal regulations from one governorate medical or administrative, but much more by the interactions, direct and indirect, of individuals with each other.

In this sense, the limits of family and friendly community should not be identified with that of the administrative part but rather with those of nursing parties that are not fixed arbitrarily; administration will be coextensive with the nursing care areas in which the service says palliative, as natural phenomenology, actually works with services that exerts domination of professional health and to a Lesser extent, a cultural influence. Let this comparison: research in plant and animal ecology have familiarized us with the fact that plants and animals living together in common places, invariably tend to develop a natural coexistence and there after only to form an "economic community". This vibrant community described by the plant and animal ecology is the example of what we mean by over organized community. This organizing principle, constituent, animals and plants, play a slightly less important role in the Human community. However, an essential form of interaction and process, we cannot evaluate in animals and plants, intervenes: it is the verbal or written communication. This is the writing and the verb that is the function of giving rise to agreements between members of a society who are ultimately the form of custom, tradition, ritual and other forms of solidarity, sometimes more intimate and more personal. It is these verbal functions that allow us to maintain, even within the disorders and confusions of this world between, the agreement, cooperation and this report is necessary for effective collective action. Then there is a function called conflict including under this term, not mere rivalry in hoarding but more fundamentally a function for life which is that of individuation individual units by differentiating their duties. Compared to animal and vegetable bodies, our communicative powers have been to integrate, synthesize and consolidate the functions of individuals and groups within close entities of the unit. In each entity, the words and phrases are this: even without excessive will, they are there to understand, accept the terms, interpretation and design situations translate emotions. Let me return to the concept of "community" forming the body of the "world of palliative care" particularly that of the hospital community allowing me to indicate specifically that there is a report (Possible) between social structures and technological equipment of the service that support the relationship between individual organisms groups the component to be an association for the exchange of information therapy or not, services to the person in difficulties or its immediate surrounds.

The set is not just a bargaining order but also naturally a moral order. I say "order" next to all the "hospital lorders" that counts the history of hospitals and health centers. I will turn the text of PW Bridgman (speaking of urban society) which says: "Communication is a means by which individuals stain as much as possible to anticipate the likely future actions of hi s fellows and thus moves into position to the necessary preparations" [9]. That's a good opportunity to put any care service for everyone in comfort, tranquility and serenity. One more effort on understanding the elements that make up the palliative topic: on such cosmopolitan areas like ours, where individuals are distinct, often conflicting, and in diversity as much by their cultural background by their professions, things don't have the same relative value to each and every one of them, for all group and for each of them. However, while the experienced world (almost) knows that any value is only subjective and often personal while everything else is standardized when every individual and all communities (civil or religious) have its particular ideas that are the essential for living well.

I will not try to make an analysis or criticism of the procedure by which a hierarchy of quality of life measures in a specialized unit has been designed; technical procedure for which I confess my incompetence with regard to statistical data manipulations that allow to invent, to enforce such scales. I am still troubled by the results but am always interested to find out conjuring trick that allowed the establishment of the result of the request. Again, there is a shift in communication between those doing empirical research, often accounting, and those affected by well being the social environment of the study. In any case, I can challenge a value of a model of, the application concludes that the welfare and places of well being are serene accompaniment patterns stating "quality of life" even for terminally ill patients, stipulating a "quality of life" even for terminally ill patients. But, only private or medical sent our ages feel the “Quality of life”. These seek the welfare of the community who wants that everyone can find their place and space in which will develop better the common good. Without words and communications, there seems to be a very delicate matter to setup and implement a model to measure the perfection in these palliative care settings, quality or anything of that still imponderable that a value.

It's the quality of any support, any communication through the eyes, touch, and speech (when it is still possible) by the smells that will depend, ultimately, the ability for caregivers, families, and people’s approaching their grief. Would we not forget that the skin, the sensory organ and steeped inhuman history, incredible memorial site is a place for their call of sensations, recall of emotional connection and expression of personal odor? All these reactions (chemical mostly) have a commonplace: the brain and all the active system of neuro transmitters showing pain or pleasure (or neuromodulators excitatory or inhibitory). That said, all interactions are caused by our actions, our reflexive thoughts, like the environment (atmosphere, food, contacts, or alleged physical activities etc.) making changes to certain cognitive abilities, therefore the emotions, behaviors and s as regards the end of life, as long as the person is a person, visible reactive emotions. This may mean that very often virtual barriers and physical distances generally due to societal priori are not significant for any environment and especially that of palliative care in the definition including the terms of retention of this communication, continuity a social life. But human synaesthetic sphere has been

profoundly modified by inventions and life styles of being [10]: say, the written text, transmission of text and speech, farms medical data, tactile approaches sensory and transformed the world into a giant echo chamber reducing the distances from one being to another being. Thus, all the concepts of position, distance, mobility, plasticity have come to grow in importance in all cases of decision only if it can afford to maintain all contacts (social) including those who could show unpublished. All these risks are to be considered to make a firm commitment, even the "live" to be the end of life, in all processes to be the one who goes or what remains, to incorporate early the notion of what this radical injury an end. The ultimate barrier appeared in Communications and the end of life is self awareness [11]. From that moment, it seems clear that the sociological and medical space is not the only barrier to communication and social distance (or complemented by religion) is not always measurable adequately in purely physical terms. To understand this problem of the environment to palliative care, I have to defend in these environments; it becomes classic two positions perceive: each playing his role making face to be the end of life. I refer to Mead who considered the two positions in its sociological study extensive [12]: one called taking the role of the "significant other" and the second taking the role of the" generalized other."We could understand these two formulas a form of symmetry to which we must beware. The medical society cannot take the place of parent's affects the sufferers. Like the parental company of the suffering should not behave as if it is itself, the end of life and thereby bring answers. With the first phase, the "significant other" ("meaning others") symbolizes the commitment of a close relative to her child, or any other person the primary group to which it belongs (peers, neighbors, teachers, etc.). This is a regular game, scoreless and formal and precise objective, the person, to the suffering of their loved one, reproduced or copy lines and attitudes of the latter, this "significant other", to which the other individual it is attached and on which it Depends; this other that impresses and affects its end of life. In the manner of an act or an actor playing a role in a movie, a play or a comedy, parent, friend, the visitor is approved, for example, mother, father or teacher from one that goes taking the place, getting involved in the character.

Thus, he assumes, endorses or takes other significant roles until such charges become its own roles, to some extent, control and direct the development of his personality during this ritual period.

During this phase, the "Self" (elementary) or "self consciousness" of the person is created from the balance of attitudes and behaviors that others can manifest significant to her and to themselves in just part of gestures and social acts. Such act which has done there view and study investigating the voluntary or involuntary brain games, which are made of pictures reconciliations to maintain or traumatic images to evacuate. Although being focused on sociological and psychological implications of pragmatism medical services, my goal is to explore the social processes embodied and shaped by social action in this environment of specific care. Considering the individual and collective social action as continuous achievements through symbolic interaction, I must insist on the basis of scholarly knowledge relating to the human condition in the empirical world of people's experiences throughout the taking account of that physical condition of the end of life. Next to this, know how to communicate and enter into human contact without prejudice.

It gives Me to Think

Finally, beyond all conceivable considerations, the principal remains the evacuation of physical and mental pain. If other substitutes information, reactions will be very different being approved, accepted and truly accepted. Three levels of understanding that can be shared without the word, without the exercise of the verb and that of the patient's history. Any exploration and trial and error is sensitive and caring at this point that were searchers must have the goal of helping the community to focus on visualizations that are of the order of memories, positive thoughts, misappropriation of attention of brain areas involved in pain and bitterness. It is proven that neuroplasticity, each brain keeps brain activity that may change depending on the environments and circumstances with the information received to be processed. The power of mental imagery is so strong that there are ways to reduce the intensity of depression, pain, imagining calming and relaxing image. There certainly needed training for that mental visualization system becomes effective and the impressions left in all these personal services combine the same efforts. Using the powerful natural chemistry at work in these neural areas s how positive thoughts and happy memories will be useful to the patient and the community to make barrier to depression and other mutations unsaid.

We must Say and Express

Often we are able to remember our own birth while I pretend otherwise. All broken, the end of life exhausted tell you their start on this earth and I think this is an extraordinary opportunity that must be seized to its fair value. As that occurs any time. Namely speak for them, to get out of the shapeless mass of the "ON" which seeks only to keep them in submission time submission to the past, identity, family, genetic code, to unconscious impulses, and as already announced in the social environment, all resentment and envy what else could know? What and to say and that approaching its end, it's to experience a pull, deliverance, liberation. This being he (she) was not the property of anyone; he is living his own life. This awareness at all social levels, brings inner certainty that now he is not about to bow, to be prostrate before any one nor accept one human being put one knee. Nobody is above and no one below. Radical challenge to all civil hierarchies, family, religious.

And the trouble will be even more important about this body identity guarantor of a life in progress, the physical attributes profound changes of "significant individual" prohibit identification. This symbolic analgesic leading to interactions cannot be held. And, even more in disputable, the vision of the person with disability as aging or illness (or both) strongly recalls the instability of any Human condition. The problem arises when directly comes the concept of organ donation [13], and so arises the fantasy of division of the body, imaginary about heart break and the denial of the fullness that haunts many brain power apprehensions and reacted in anxieties. Admittedly, as does David Le Breton: "The alteration of the body refers to the Western imaginary moral deterioration of human and conversely, them or a deterioration of Man leads the fantasy that his body does not conform and that it should straighten it" [14]. In these treatment areas, the dying (or still capable of communication) is freed from all constraints of its identity, it changes temporarily or permanently in the medical service, parental or friendly environment

wishes, without fear of denial unquestionable reality.

The patient faints bodily to turn into a possible multitude of masks; it becomes pure information of his physical communication with the living, volatile identity. The talk of those times creates the world without the requirement for a witness to provide; immaterial, the subject is strictly reduced to the information given. Everything is done in the thought of what it is when it is put in world where others are not less real. The body may not be tray him or be in need to be recognized; he has no assignment to self and thus promotes the ability to disappear. Therefore, its identity is available in the pages of a life; it is a succession of "I" provisional, containing a series of intelligence" files to activate" as circumstances by "different people other". It's time to explain what the company does emerge: Death and the announcement of the death by proxy on the Internet. From virtuality to reality of brain plasticity, I have already made some research elements as was recently demonstrated Professor Norman Doidge: "From birth to death, our brain is constantly transformed by remodeling to adapt to its environment" [15]. I wanted to demonstrate that, regardless of age, our unconscious brain is the master of the game. Just a notoriously little attention to the neuronal schism becomes in tuition/intent [16]. Any neuronal loss is not final and creates replacements, not the same and not the same "circuit". Our brains are extended to all stages of life and at all levels of the states of our bodies, our thoughts, and our tastes. This force of neuroplasticity, mental activity affects aspects of our brains in action. This is the meeting of all these elements, systems of thinking and doing things that we need to take care of people in later life by the direct word, the permanent contact.

References

1. Wittgenstein L. *Tractatus logico philosophicus* (1921), Philosophical Investigations (1936/1949) Paris, Gallimard, coll. Tel, 2014, Speech death.
2. Translation of the quote: Death is not an event in life. Death cannot be lived. Or translation of G. Semprun for the second part: "Death cannot live".
3. Troude B. In life and death, an idea to rethink the ordinary. Even death is not ours anymore. Paris, Elsevier Masson Editor, Ethics, Medicine and Public Health. 2015; 1: 456-467.
4. Eric Emmanuel Schmitt. Oscar and the Lady in Pink. Paris. Albin Michel éditor. 2002.
5. Haussaire-Niquet C. The Interrupted Child, Paris, Flammarion, coll. Papers Human Sciences, 1998.
6. Perissol CA. Links and Ruptures from birth to old age, in breaks and Links, International Journal of Psychology No.30, Paris, SAGE Publications, 2007. 53.
7. Hippocrate of Cos, the Father of Medicine. 460/375 B.C. Organized societies: Western societies, contemporary regardless of region, but also tribal societies with religious or geographical peripheries.
8. Bridgman PW. The Intelligent Individual and Society. New York. MacMillan Company, 1938; 32: 496.
9. Auguste COMTE, Positive Philosophy Conference, in the naturalization of the mind, 51st Lesson. 2: 210.
10. Luther M. On The Diet of Worms, 1521, Self awareness: "My Conscience is captive to the Word of God; I cannot and will not recant anything, for it is neither safe nor honest to act against his conscience.
11. Mead GH. Mind, Self and Society. Chicago ed. Charles W. Morr is The University of Chicago Press.1963.
12. New translation, introduction and edition, with the participation of Louis Quéré and Daniel Cefai, George Herbert Mead, Mind, Self and Society. Charles W.Morris Ed. Chicago. The University of Chicago Press, 1934. Paris, ed. PUF, 2006.
13. Organ donation, highly regulated action is just additional subject named here.
14. Lebreton D. Farewell to the body (L'Adieuaucorps). Paris. Métailié editions coll. Suites Essays. 1999: 90.
15. Doidge N. Healing through neuroplasticity. Paris Belfond editions. Coll. Broad mindedness. 2016. 4th cover.
16. Troude B. Creativity, cerebral hell can from the infinite scope to brain among artists, in Plasticity's, Sciences and Arts, PLASTIR, virtual magazine. No.4206 /2016,No.03/201538.

Austin J Emergency & Crit Care Med - Volume 4 Issue 1 - 2017
ISSN : 2380-0879 | www.austinpublishinggroup.com

Citation: Troude B. Words to Say. Austin J Emergency & Crit Care Med. 2017; 4(1): 1054.