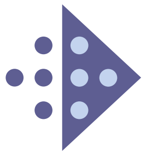
Bernard. J Nurs Pract 2017, 1(1):31-40
DOI: 10.36959/545/359 | Volume 1 | Issue 1



Journal of Nursing and Practice

Commentary Article Open Access

Ethics of Behavior: Expressions to Say Otherwise Our Behavior in the Palliative Care Area Said

***Bernard TROUDE*[1,2,3]*

[1]*Doctor, Department of Art Sciences and Sociology, Panthéon Sorbonne Paris, France*
[2]*Associate Researcher, Forensic Laboratory, Descartes Paris V, France*
[3]*Researcher, Department of Contemporary Sociology, Descartes Paris V, France*

Abstract

The highly digitized and highly programmed period obliges all individuals to squander the sense of all social values because of the profitability and the means granted to it alone and not to the human being, to the form of life continuously imprinted with "marketing". By presenting an ethical and theoretical concept of the course of these intermediate times, which are life and the expectation of an end so little programmed, this text provides access to places where the damage of the body is exposed as much by natural aging and the psychic degeneration consequences of age or serious illness that will transform an anatomy: The medicalized environment. The end of life is often based on ritual images responding to expectations more or less feverish because of the misunderstanding of the after and the fear of the conceptual vacuum. However, it is a duty for all: The duty to avoid any physical suffering and psychic suffering difficult to evaluate and contain. To express the imminence of death which does not become a medical probability from day to day but a certainty arises for the sole question: When?

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

Keywords

Palliative, End of life, Memory, Death, Behavior, Terminal phase, Support, Trouble care

"*Politeness costs little and buys everything*".

-Montaigne

Our Behavior in the Palliative Care Area Said

The highly digitized and highly programmed era forces all staff to squander the sense of all social values, failing in the profitability and the means granted to it alone and not to the human. Already demonstrated in a previous text [1] that the: Are you okay? Or: That's fine! "Could hardly have had the same value and that a simple" Hello followed at the end of the meeting of a "goodbye" said aloud was the least of the things. A smiling face, even when confronted with states of weakness with this "word" of polite approach, prevails over all situations and makes any outside person adhere to his entry into an already formed group. Grossness will you say when a being (woman man, child whatever the ages) answers you only by manipulating tablet or telephone or simply his keys omitting to look straight in the eyes or to make a difference, a valid being must go Seek the look of the other. In order to be at best shared, all life in a community requires cooperation that makes life more collective, more transparent and less rough. MORE COLLABORATIVE, AS HE SAYS TODAY: What I have had to develop with a number of my colleagues (sociologist, anthropologist and artist) with this subject "Rethinking the ordinary" [2,3]. With the politeness of the gesture, politeness to say, politeness returned to the time of the collaborative, certainly more hypocrisy or lies or even more hidden, hidden psychopathies, more acceptable, nevertheless we have adapted to the new rituals, to the neo-societal codes that the end of life should be studied, should count itself in the sub-

***Corresponding author:** Dr. Bernard TROUDE, Doctor, Department of Art Sciences and Sociology, Panthéon Sorbonne Paris; Associate Researcher, Forensic Laboratory, Descartes Paris V; Researcher, Department of Contemporary Sociology, Descartes Paris V, France, E-mail: bernard.troude@wanadoo.fr

Received: April 13, 2017; **Accepted:** September 23, 2017; **Published online:** September 25, 2017

Citation: Bernard T (2017) Ethics of Behavior: Expressions to Say Otherwise Our Behavior in the Palliative Care Area Said. J Nurs Pract 1(1):31-40

Copyright: © 2017 Bernard T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

jects of the researchers, should be studied in the columns of medical ethics, was to take root in the universe of hospitals, palliative circles. Space waiting for an end. Often, as the hand is associated with language in gestures and eloquence, hospitals and so-called palliative environments, structured in social groups very often conformed since the middle of the twentieth century, show their teachings and their learning. Thinking the patient otherwise remains an excellent indicator of pedagogical change, of cultural change. Thus, it was necessary to think that with a patient at the end of life, whatever his age; the notion of belonging to a community becomes important. The latter group then adapts to the situations inherent in suddenness, short or long illness, visible or invisible conditions of the physical state, highlighting the importance of affectivities. Some want to respect them, many interpret time to fight them and sometimes despise them.

"Politeness reinstated, we made more than half the way; In that one would have listened to the other".

We are justified in understanding ourselves. We will never be the sole perpetrator of our actions and thoughts alongside our many personal shortcomings. On the other hand, having a "great power" of persuasion is fundamental. All my life, I said in a notable precept, will be summarized in my incessant efforts to persuade others and I have met many people who have been confronted with these periods (of weakness in the a priori hostile and not the medical) this feeling confirming my judgment of availability to the other. When I urged them to explain to me what they found compelling in the current state of the palliative world, their quotations mentioned a myriad of elements such as circumstances, fears, anxieties as well as aspirations, hopes, hopes for a better elsewhere without suffering, lasting peace. Only a natural attraction evoked a natural attraction that the place and the beings of the place exercise, Phenomenology that must be directly attributed to the charisma of the speakers, accompanying persons and doctors. Anyone who runs such a place (in common and by delegation often), a charismatic leader who cannot think of himself as an administrative and the person must possess a strong "missionary" element that is closer to the figure of a spirituality Than that of the governor well-established in popular thought. The ordinary meaning of the charisma[a] implies that the other possesses an absolute quality which exists or does not exist-in a specific individual without claiming universality: A charismatic seduction which can only exist in the circumstances of Palliative care that between people (masters of the place: doctors and various caregivers) and the family environment, friendly, religious (again!) of the patient. When two people meet in such places and circumstances, the "charismatic" notion exists only in the space and feelings of beings, one can claim to adhere to this concept and the other (visitor) Experience of the palliative for a troubling madness. Our understanding of these subjects began with Max Weber's work on "charismatic domination" [4] a particular type of exercise of power rather than personal aptitude. Meeting the protagonists of all the concepts of the palliative makes it possible to take into account the testimonies quoted both on the side of the researchers and on the side of the concerned in their end of life and for the accompanying resentments on these ends of life. Do we have any idea of a possible regulation? Does this question of charisma (and politeness) arise for the participants in their daily rituals? Would we be disposed (predisposed) to accept the form of seduction of persons in a place, an exceptional hospital area, under administrative protocol?

Consider That "Charisma" is Specific to the Intimate

On the one hand, we can consider that the "charisma" of a sociological actor is entirely constructed and that it is the product of a certain number of institutions, social practices (such as the oaths of "Hippocrates, political speeches, sensitization campaigns or public speeches") or specific historical arrangements. This position has sometimes led to a radical questioning of the relevance of this notion for the sociological study of legitimating processes. If, on the contrary, we consider that the "charisma" is personal, that it is the result of the meeting of individual qualities and collective expectations, it remains to understand the conditions of institutionalization, "routinization" and of the reproduction of this individual "charisma".

During the few moments, the few minutes when the bodies escape from the pain, escape from the notion of an imminent end, the bonds of affection, the bonds of friendship, reappears. For a few minutes, sometimes seconds, patients talk with hands, eyes, finger tightening leaving a certain, mutual influence, participating in a successful vision of that time together. Our identifications, the crucial identity paradigms of modern being, reign among humans with self-regulated mechanisms. Human beings are "social animals" with a strong desire to let themselves be carried, directed by others in case of crisis. Is not the Death to come a crisis of identity to remember, to trace its way, to ascend towards places or

[a]CHARISM: The notion of "charisma" is widely used and discussed in the social sciences in the context of reflections on the legitimacy and processes of legitimation of family, medical or political power, in the wake, in particular, of the analyzes that Max Weber devoted. Moreover, in a variety of disciplines such as history, philosophy, anthropology, sociology and medical ethics, there are a number of more or less conceptualized terms that refer to the idea of a "charismatic figure".

non-places according to beliefs towards a later reign or a clear end of return to the dust, towards the annihilation? For all and all memory, it is this need to recognize some purposes for our lives (which must be accompanied at best) by finally the quasi-cult of the person (hero of a family or social celebrity) the thirst for salvation and/or of redemption, NOTHING of that will have changed. We are thirsty for tribal affiliation, life can be considered as an austere passage, a very cold experience. Only by uncovering how those who have passionate about the patient's lifestyle or who aspire to modeling will try to influence by identifying the often-active part we take in our own manipulations. Let us remember that all life consists of three types of singular and legitimate domination, as prescribed by Weber in 1921, making the validity of this legitimacy into three structured elements: The rational character (belief in a legality, domination by all legal means) A traditional character (a daily belief in the sanctity of traditions which gives the exercise of authority a legitimacy of traditional domination) and finally the charismatic character (submission to a character of the sacred, heroism or value of the exemplary person Emanating from the revealed orders). Through this passage, the interval between birth and death, we can understand the "dangers" to which we are confronted: We are talking about the dangers of compromises, conventions, accommodation between families, relatives with or against environments Hospital care and the following with the experience of the administrative after a death. Whereas this dominance of the most formalistic impersonality that makes the person in the right to "command fulfill his function without consideration of person" exists [5].

If we renounce our rationalities and our skepticism, then in this opposite, all hopes of serene end of life will be charismatic.

"Der Tod ist kein Ereignis des Lebens. Den Tod erlebt man nicht [6]*".*

-L Wittgenstein

In this reference, the sensitivity emitted by the translations, at least for the second part, is formulated from different expressions, so we discern the perception of different images[b].

It is about these consequences of age or severe/disabling disease that will transform an anatomy. By presenting an ethical and theoretical concept of the journey of these intermediate times, which are life and the expectation of an end so little programmed, this text provides access to the fabricated places and spaces of coexistence where the damage of the body is exposed As much by natural aging and physiological and psychological degenerations (impossible to separate these two notions of territory) consequences of the age: The medicalized environment that it is hospital or specialized house or the so-called "at home" Will return. Every being cannot produce images of his end of life in ignorance. The development of his (verbal) curiosity remains necessary to keep him in shape (form of his neural system) knowing that every brain needs novelty to keep itself in good plasticity. The best way to apply this principle is to arouse curiosity, to keep physical and intellectual contact, to make travel in the past for a future. Death is socialized and emotional socialization is characterized by this art of relationship, a way of expressing and knitting a bond, even if it is very short, less and less coded by cultural external rituals. There is no time to that. The attachment, activity and common meaning of ordinary life (love, cherish, work and remember) change their meaning when the term is announced or evoked, while finance has taken precedence over the duties of a Generation to its elders. Health warnings and increasingly numerous and coherent financial risks announce this growing longevity, the victory of abstract knowledge that has created a healthier world, a virtual world focusing on the accessibility of bodily or neural actions by people who count On the last quarter of their lives to progress, to use, to enjoy their physical and psychic possibilities.

New Planets

The bodies served to socialize the person whereas for some time, the diplomas with performing cultures make the structure of society. The hospital condition can no longer be different where patient and family are inseparable. The most singularly easy integration comes from those who have overcome emotional and social handicaps, almost all of whom, have encountered a second entourage of close relatives (friends, neighbors, dependents, people who have adhered to their spirituality) Wanted to serve as a replacement guardian. The interval between time, the prospecting of terms, and the virtuosity, while the flexibility of a staging, are devices that will make it possible not to remain captive of a state and especially to be able to found a gateway to the inexplicable places of the purposes.

The direct result will be in sentences with all the questions of the kind: Have we thought about this or that? Should I think of my disappearance at my way of disappearing and how? For what good reasons should I keep myself alive when my appearances are deteriorating? Do I have the right (or duty) not to be in "good health?" With what images my body is reading? The end of life is often based on ritual images responding to more or less feverish expectations, always involved in this misunderstanding of the after, including with spiritual (religious) hope,

[b]Translation of the quotation: «Death is not an event of life. Death cannot be lived». Or the translation of G. Semprun for the second part: "One cannot live death".

mirroring an image transmitted by the text alone and the fear of the conceptual vacuum which I shall be careful not to judge. However, it is a duty for all: The duty to avoid any physical torture whatever it is and just as much the psychic torture difficult to evaluate and to contain well that known during twenty years. Any fiction in our imaginations possesses a power of conviction far superior to that of the explanation, even the most structured and the most technical.

In any case, any pain that can no longer be tolerated must be at best shortened, rendered abstract by medications as much as by soothing speech, speech reaching the neurological basis of emotion. This is part of our commitments and obligations. An appreciation comes almost immediately when patients, dying, with this inert body make you talk about this time when "they can travel mentally in the past and the future, but without emotion either: More fear, more joy, more annoyance, and some tell you that he regrets the time when he was suffering. At least I felt alive [7]. Whenever the patient has to face additional trauma, writing and thinking change direction. In short, it is written and meditates a false fiction since it is not false and allows it to express itself with the metamorphosis of its pain into a compatible, even magical, and socially appropriate, satisfactory narrative.

Our listening will be our politeness; our listening is going to be this bond with the one who speaks with his eyes and the compressions of his fingertips. We no longer speak of a hand. The verbal situation follows an observation of the human condition: Would a being no longer experience any physical or psychic grief is a blessed one? For a Being other than ourselves to be recognized, we need a singular practice by adapting our brains (the one that comes to us and we who receive). It is vital in a medical environment to accompany the other who suffers from being no longer the same. Say with the smile and display on his face the happiness to receive the other form this fundamental recognition to empathy. Unfortunately, this non-recognition of the other can be lavished through cultural manipulation, last-minute indoctrination and the receiving brain sees it's functioning (always plastic since the person is alive) to connect differently dark face to resonate with its surroundings mixing the automatisms of thought.

But it is at these moments that, in the meanders of all ends of life, information will be revealed and produced, containing all the conflicting elements that exist and remain underlying. To define the person in his environments will thus be to support by a set of facts (antithetical or real) a bundle of notions and images: The ordering of a science. We have known for some time that our neural systems resonate with those of others. I was talking about charisma but here what exactly is it? Let us remind ourselves that this word derives from a Greek root evoking a grace or favor granted by a divinity; but at present this word in its contemporary sense cannot be a "divine gift" while it is "axiologically neutral". It is important to affirm strongly that those who accept this "charisma" of the places are not hypnotized and know what they are returning and retain full responsibility for their actions: Transmitted acts or acts that have occurred or have occurred. Hence (perhaps?) A fault in the standard model because there can be no exception, the seed so much secretly awaited by the advocates of a consecrated ideology, a theory of the ultimate that would go beyond our Conceptions on the essentials, our current conceptions on "elementarily". Nevertheless, it remains this point of view on imposed prediction, a conformal archetype not verified experimentally. The mechanisms of thought should make it possible to know whether the unification of interactions for a purpose of "palliative" space can be realized or not through the devices.

The challenge is considerable because it affects not only our conceptions of life but also our hybridizations on the history of humans and their universes, to personal synaesthesia opacifying the end of our lives. Indeed, all the themes are intimately connected. This seems to me to be the necessary way to understand how the diversity and complexity of the ultimate act, whether voluntary or not, may have emerged from a primordial universe which seems unequivocal, undifferentiated and homogeneous by nature. No. The expression of the FIN, the phenomenology of an END, of a wanting to FINISH appears not in conformity with the usages of a society which is modified elsewhere while excluding the autonomy of the person wishing to end his own life For his own body. The belonging of the body should remain the property of the deceased, although the actors may reflect on it. I will come back to this status of the human by bringing the opinion of Edgar Morin: "Death is what identifies man with the animal and what differentiates it". Like every living being, man suffers death. Unlike any living being, he denies death in his beliefs in a beyond [8].

According to the populations and their (often ancestral) rituals, the constitutive behaviors that emerge from the cultures with regard to this final stage, Death is adjective of fear, Death is incarnated in a rock, or in a possible murder Accentuating the dualities of the two apologies: That of survival and/or of a rebirth elsewhere. In our contemporary and postmodernist representations, recent conceptions have emerged between the biological and the connection of all life with Death until denying this ultimate act and providing this treatment as a form of scandal.

Assuming that this is true, what should we conclude?

1° Some think that this subject (Death) is not the do-

main of science and that we must not conclude anything, and may not even talk about it.

2° Others see it as a sign that there is a lack of a more complete "theory" that would expose the values of the constants and that in this game we would vary with respect to each other.

3° Still others deduce that these observable plurivers of Death, those in whom an intelligent life may exist, are but a small portion of an entire universe whose constants will not be identical everywhere. Just as we live on earth because this place is a privileged place where Life appeared, we are in an invariant or the emergence of intelligence is at the point of re-examining how to end life and by the same imagining 'afterlife.

4° We must not extract, or rather subtract, that some people see the sign of a mystical connivance between the universe and us and that this universe would accept meaning only in relation to the existence of the human.

With this relation to existence, José Ortéga y Gasset in his opus "The revolt of the masses" indicates "human life", by its nature, must be dedicated to something, to a glorious or humble enterprise, to a destiny Illustrious or obscure. This is a strange but inexorable condition, inscribed in our existence. On the one hand, living is something that everyone does for oneself and for oneself [9]. These problems, which appeared recently in the time of the universe, I will name them under the generic anthropic cause (term that I get from the hard sciences of cosmologies)[c]. It is evident that passionate reactions (a weak term to describe this debate) have arisen among the societies whose preferential taboo is: We do not touch the divine creation. In trying to approach the subject without too much societal polemics, I have to mention that this end-of-life science is directed towards three infinite convergent: The infinitely complex, the infinitely extra neuronal and the infinitely personal. But it must be acknowledged that the general public, uninformed and without direct appropriation, finds it difficult to grasp the interests of this research. Palliative care retains the image of a discipline of accompanying and caring feelings; The theory of a scientific discipline then seems very difficult and very sophisticated from an experimental point of view and is therefore understandable only by a very limited community (at this moment medical, paramedical and religious), limited to specialists. The fundamental idea will therefore be that the (inextricable) cognitive faculties are all linked to the history of what has been experienced, in the same way that any path of a road or path, previously non-existent, appears while walking. The image of our dead in this cognition that follows, cannot be the resolution of the problem by means of representations but rather make them emerge, creating a world whose only condition is to be operational: Perennially of the whole in play then dead not yet dead and the whole society around. All in all, the arrival where of this end on earth, disappearance and rituals of putting out of sight (closing the coffin). Those who remain ensure that their divine is identical with that which must die in its state. Those who remain suffer in advance of a separation; unrecognizable and persistent, then to the different despair will come a temporary serenity of believer. Those who remain wish, mitigated position, death waiting to unveil claimant of memories, especially, pecuniary remnants. How can it be otherwise? While the palliative is there to gather in a often artificial peace, hidden lie, a whole life around this misfortune concentrated on a body to the disappearing life, of a body known that escapes from all conventions that have become irrelevant.

We acknowledge that all death quickly becomes a scandal, whereas often this event, this non-event since it is invent, arouses in the nearest concerned as much curiosity and horror. The other question would be: How can one not be accustomed to this phenomenology of the living being that must die, a natural manifestation and always taken in its accidental sense? V. Jankélévitch tried in the extreme case of acute experience in astonishment: "At its point of tangency with these borders, man is situated at the point of the human, where the mystery, the ineffable, The "je-ne-sais-quoi", open the passage from being to nothing, or from being to the absolute-other [10]. Consideration by the author of the banality while being in the strangeness, a normal abnormality, the tragic in the familiar from which the contradiction: To tell the inenarrable while describing the indescribable. From the same author, we must acquiesce to a conception of freedom that is in no way static, nor constrained in a state of consciousness, but as a dynamic to the persevering progression towards a beyond cognition always to be conquered: "Freedom is to remain Faithful to the awareness itself, which is not an exponent, nor a cryptogram, but a dynamism and a mobility" [11].

The freedom of our holdings on our bodies is manifested in two diagrams:

1° It is (this should be) a freedom of choice which makes the adherent to the global principle accept or re-

[c]The Anthropic principle "weak" (from the Greek anthropos, man) is a metaphysical principle that states that if we observe the universe as we know it, it is before anything else because we find ourselves there, result of chance! For if we were not there, we would not be there to see it. The "strong" anthropic principle, a more religiously connoted variant of the anthropic principle, expresses the idea of a will or a necessity intervening in the evolution of our universe: This universe was conceived especially for us to be placed there. Url accessed on 2016 02 22: http://www.techno-science.net/?onglet=glossaire&definition=2848.

fuse the physiological or psychological states of health without anyone being able to reproach him with his preferences. It is true that at the announcement of a possible or scheduled end, the person can (or will have to) change his mind. There is no contract except that moral of itself with itself. In this respect, certain types of limitations on the freedom of certain movements of society, in particular the religious or the sectarian, justify more attention to the latter (freedoms).

2° It is a deliberate and conscious choice made and emitted before any deterioration of the sublime in the neuronal in a legal framework as much on the part of the patient, the family or the friendship proved and the medical one having received the notion of the patient. This freedom will be appreciated subject, however theoretically, to the right to have to respect the principles of the patient's particular sovereignty over his/her body, a form of association essential to the proper functioning of body-mind concordance. "In the first place, because neurological appetite cannot influence the events of the world and thus all anxiety becomes either a fear of risk or anxiety of what is not even a foundation (death) and that we must live to attain our death, we cannot escape the rule. A palliative phenomenology cannot replace or simply propose another life. I do not see any hope" [12]. The whole is not only an order of oral negotiation, but also naturally a moral order. I say "order" alongside all the "hospital orders" in the history of hospitals and health centers. I am going to transform the text of PW Bridgman (speaking of urban society), which says: "Communication (verbal, therefore oral) is a means by which individuals try to anticipate the likely future actions of their comrades and, Position towards the necessary preparations" [13]. "I want to leave my imprint in this world". And not just dragging myself from point A to point B until the day I die, said a patient with irritable bowel syndrome, a proof that his brain is only transmitting an indication of the condition Hidden from his body. To say what he says calls for consensus on the part of the synesthete environments.

The command "You smile and sing in difficulty" no longer holds. We are called into this "terminal phase" of this "journey" in the face of the end-of-life human experience, with consequences that last or progress from a serious illness whose healing attempts are undertaken under the "The aegis of this oath of Hippocrates. In reality, these facts correspond to a crucial space-time of the lives of each one marked in an ineffaceable way in the memories, delicate events by their nature. Some take advantage of using these states of mind for the exercise of their daily life forcing tenderness, pitying and other upsetting and upsetting effects. These psychological states are part of a rite well-anchored in brains, a ritual that wants to be voluntarily set aside, abandoning colorful forms, abandoning any idea of laughter or even smiling. These passages resigning from real pain to the pleasure of own representation with the body accuse society more than the patient or his family. The public concerned has difficulty in hearing the testimony, or rather, why does it only hear the testimonies, which support him in the idea that he has of his own condition?"

Connecting All Life with Death

In such cases, situations (in private or hospital settings) do not affect the patient alone, but the whole family and all environments; I mean the descendants, the direct and indirect collateral. I have previously written that: "The constitutive behaviors that emerge from cultures with regard to this final stage make that according to the populations and their rites (often ancestral) the defective death of fear, Death incarnates in a pitfall, or a possible murder accentuating the dualities of the two apologies: That of a survival and/or that of a rebirth elsewhere". In our contemporary and postmodernist representations, recent conceptions have seen the day between the biological and the connection of all life with Death until denying this ultimate act and providing this treatment as a form of scandal [14]. It is a barely defined time when the human being is degraded and adds to the number of people that society derives from the vision of the world. How else can we call this sidelining in hospitable or private palliative environments when those who, by their serene presence, must surround what is still living and be counted and/or discreetly evicted? The causes are multiple: That goes from the age (too child thus traumatic image to exclude from a next and certain death) to the medical model of the contagion or the possible contamination.

"Go now, mortal fools, to ask the Medes, the Circees, the Venus, the Auroras, or some fountain, to restore your youth" [15].

-Erasmus

We came to earth by chance, we were free to create ourselves then we should be free to dissolve ourselves.

In a film scenario, a child who feels his approaching death, more lucid than his father and his entourage, asks: "Mother who is already elsewhere, does she see me coming? Does she see you leave to go to her? Who is the one who needs me up there if not Mother who knows me? Daddy my body is nothing; you have to take it to save another person less close than me to its end. The emotion comes from the gap between this very young boy (10 years) and the age of the adult woman (35 years) who awaits at the end of the corridor of the palliative care space a new liver graft to survive his illness and become the companion of the father of the child. The child

dreamed of seeing her unknown mother dead in a fire that carried away all the traces and all the photographs and now her dream becomes a sought after reality [16]. His survival holds in this pair of red pumps wire conductor in the 3 films and that it transmits to its surgeon. The perfect gift: I give you and this allows me to separate myself from the living.

Both of them continue to pass and pass around these palliative places. The voices should be soothing, good to hear, but at this time, day or night, morning or evening, they do not foil either the density of solitudes or the constant presence of death. The texts will have profoundly dissimilar approaches, be they mystical, cultural, therapeutic, but also ridiculous: True death is substituted for a symptom of Death "fluxion of small dead" according to V. Jankélévitch [17]. This small death, which also concerns short fainting, can be assimilated to a short explosive manifestation, contrary to the 'Great', 'True', and 'Definitive'. Orgasm rarely reached, only by those whose addiction to nothingness makes them rub shoulders with the most definitive aspects. For example, in a different formulation, the happy men who have already experienced this know that orgasm causes, more or less fleetingly, symptoms close to what was formerly referred to as the phrase "little death or the great thrill"[d]. We cannot, however, present a defense against aesthetic seduction as a one-piece formation about the suspended moment, the in-between between Life and Death. A considerable hiatus comes between an aesthetic strategy, as attributed to the defender of the "palliative" and the one to which we must bow when the authenticity of the effect produced by the encounter with certain serene spaces of forward-death. The rites sacralize the stages, the passages from one state to another, in all civilizations from life to death: Birth, introduction into the society of men, adolescents, marriages and, finally, mortuary rites. In the absence of an invisible reality, Death becomes interesting only through a selfish, so to speak, onanist enjoyment in which the remaining time is always restricted, exalting a hyperreality of desire in the constancy of being. The administrative directorates, except health center medical (I do expressly and voluntarily globalization) are faulty with this fear of transmitting a last image and above all argue this idiotic principle of precaution while the palliative care places no longer generate anything If not a morbid compassion.

Which Words Can Be Used?

At that time, "little death" meant syncope or stunning, but also and especially the nervous shivers. As far as short fading is concerned, one can actually assimilate it to a 'small' death, contrary to the 'great', the true, the definitive. Happy Men, who have already experienced this, know that orgasm causes, more or less fleetingly, symptoms close to what was once referred to as the 'big' shudder. That is why the erotic language appropriated it and then transmitted it to us.

Which expressions will be heard wisely? When a long-suffering patient degenerates, changes his body, and all his faculties (those who are abandoned by the dying person are really aware of them) appear to be modified or non-existent and will still be in action, do we really think we are to the shelter of the terminal images of an end of life? A great researcher, a brain doctor, told me that he preferred to "keep his dying" in his service. We always have the idea that these moments will be moments in-between while knowing (sometimes unconsciously for certain) that this end can only be the end of the way of life. Do not be a doctor to realize that the state of the body in front of us is terminally ill regardless of age. It is clear that a long waiting in the terminal phase makes all apparent happiness disappear, that we are in the ritual (life stopped for the whole of the small community) of the world without taste, a universe of fatality in a counter-time Which no one at present dares to speak or say in simple words. Many will keep hope of a possible resurrection that comes from this religious fact of a redemption that would be welcome, that the things of life would resume their normal course as soon as the exit of this antechamber from the hell of one to -never unknown: Hope for some, despair for others, unspeakable end (scientific, logical) for the majority of so many others. The lyrics happen and confirm a situation report. In order to express the imminence of death which does not become a medical probability from day to day but a certainty arises for the sole question: When?

The Need to Say Becomes Crucial and the Words Must Be Convincing

At the moment when medical functions, continuums of care and end-of-life situations are the subject of controversy (and even criticism and medical authority are undermined), this research best addresses the understanding of this perception of the stakes Complex in the face of the chronic of a physical and physiologi-

[d]The origin of this expression goes back to the 16th century, when Ambroise Paré, the man who learned on the job human anatomy and surgery, whether on corpses at the Hôtel-Dieu or elsewhere on men still alive, during battles. At that time, "little death" meant syncope or dizziness, but also and especially nervous shivers. As far as short fading is concerned, one can actually assimilate it to a 'small' death, contrary to the 'great', the true, the definitive. The happy Men who have already experienced this, know that orgasm causes, more or less fleetingly, symptoms close to what was formerly referred to as the 'great' shudder. That is why the erotic language appropriated it and transmitted it to us.

cal state. The study poses the problem of "how to bring words" and "what behaviors to adopt" I affirmed at the beginning of this text that a politeness was worth all speeches. To know and to express the idea of how to approach medically identical and unique human situations. Speech and words constitute therapeutic tools essential to the creation of this relationship between patients (of all ages)/family/medical personnel. Gentleness, equal voice, sensitive touch, personal perfume preserved are den for all those who, corporeally inert but, as we know, neurons always active, wait for the visitor to be his, her. Éric-Emmanuel Schmitt brings his point of view on the hospitable atmosphere through the experience of a child: "The hospital is a super-friendly place, with lots of good-humored adults who speak loudly, with Full of toys and pink ladies who want to have fun with the children, with friends always available like Bacon, Einstein or Pop Corn, in short, the hospital, it's the foot if you're a sick person who pleases" (...) [18]. How many sick people do they enjoy by receiving their affection and to whom? If not to the cohort of care givers to start with the doctor. In the case of disapproval, for technical reasons, there will be a bad diagnosis or an error of observation or simply a failure of the solution applied, thus an ineffective remedy, rendering the disease worse than before, therapy becoming dangerous or at best without No interest for the patient who perceives himself in constant degradation.

Should we regret that words are, therefore, in this position of ultimate use as an analgesic? Before entering into details, let us say True Truth: That we shall never be immortal in our bodies regardless of the longevity between birth and death. Now, the use of words is a major resistance when it comes to recording and dialogue about Death, which is near and certain. It is obvious that these words as ultimate in their perceived image become intolerable and rejected vocabularies at least for those who maintain this relationship. It is a fact. The environment of palliative care (pardon: Service reserved for palliative care) cannot offer an atmosphere of tranquility and serenity despite certain appearances. If you are "visitors" and depending on your degree of kinship or friendship, you will regret these situations too calm, these decorations without environmental burst as much by the color as by the volumes, lack of furniture, obligatory silences, The low voices and the sentences interrupted by the premises of a sorrow. Why did not we leave patients at the end of life in the specialized services that cared for them? At least, this avoidance was avoided to pass from life (possible) to a deprivation of the physical state removing all traces of life: Death. We are many to think that a place of care shared by all the living and the particular at the end of life remains more serene for the latter because he knows the place.

Can We Imagine What Will Happen?

Of course, yes, and in the contrary case, it emerges from a serious mental deficiency and an overdose of mindlessly ingesting stupidities or categorical refusal by denying the state and announcing a hope.

And in Death everything is connected. The experience of the sublime (Death) passes through the deposited MOI and the sublime form of the destruction of all created Being; And, in the whole, by the acquiescence of a reason to its abbreviation in order to perceive in it the other which it is itself, the purest and the most sublime in the act, when all enthusiasm is evacuated from the religious leaving to Nude this experience of austerity, this affliction of credulity appearing as the only sentiment compatible with pure Love, sublimation in the deceptive. And to continue: "By creation/sublimation can be obtained, on the psychic level, a similar ecstasy to that found in the direct exercise of sexuality". In the expression of the art of the nude (the academies) eroticism is an endorsement of life even in this death, illustrating the Freudian montage of a drive confronted "with a structure of gaping (...) unconscious" [19].

Pulse confronted with Ordinary Death. Death or "little Death".

How can one dwell that the last term (of life) is death when the presence of pleasure and reproductive sex in the living being (Man and animal) is linked to death, the orgasm of the "little death?" Thus, we can ask our lives to be the tool for an entrance into this eternity. This time, J. Lacan defines sublimation by this splitting (of which Saint Augustine spoke) moving the subject towards an essential otherness in this gyratory sense already named. Either in the final analysis: death without immortality. Just ordinary... "The relation of the subject to death is moved" to make her dwell in a mirage relationship", the one that Leonardo knows with his mother and his pupils, young beardless youths, images of his own childlike beauty. "Is death in this kind of double" [20].

"It would be simpler to continue living and forgetting immortality" [21].

We live side by side with Death, a sensation so appalling that we rarely express ourselves before our advanced ages, so much fear is gained, apprehension spreads out when there can be no fear, and suffering can only be external to oneself - even. And it is without obscurantism also linked to the imperative of what true life is: Not that of the body, that of the "animal", but that of the spirit. To be exercised in admitting the meaning of life, attention to the world must itself be a look from the point of view of a temporality. What has become important here, then, is the disposition whose death is apprehended and brought

to light. In the sense of the bliss that is realized at every moment as purpose and intention, death can never have a meaning of loss when it is certain that we err on the prejudice that it will take us out of the real life. All peace of mind and all appeasement can only be possible if all anxieties, in relation to time, vanish. Looks through our sayings, through our relationships with the other on any meaning of death. Looking at the meaning of DEATH, Our Death should then be the look from the point of view of immortality itself. Why fear our death if we live in immutable eternity? Why fear to suffer in the future, if there is not a future? In fact, only the present time can be counted. Let us say the thing as it is: Fortune (of healthy life) loves thoughtful and rash people with all who think: Fate is cast. If you are not in the medical phenomena to solve and if you offer an indecisive configuration to dissensions then you will plunge the doctors into doubt, expectant caregivers and potential heirs who will become more practitioners than therapists in an adversity maintained. I am talking about those patients who still have the power to say and to make themselves understood and in the case of medical emergency will be replaced by the very close ones who will intervene in front of the future of the empty place left by the patient who is no longer but not Still departed, and let us add spouses who will not sacrifice their half of themselves. The difficulty in a medical place will be that to seize the word "die", no one will listen and the dialogues will be relegated from the real subject that is the end of life towards a parallel occupation concerning the ex-life of the dying. Evidence of the necessity of a different accompaniment and outside family environment is urgent consenting that any separation needs to be accompanied but especially not abandoned to the rites of each other.

Chantal Haussaire-Niquet in his opus "The interrupted child" intervenes in the awareness of his wound: "Only an accompaniment with multiple faces, discreet and yet insistent, terribly listening to my impulses and also my contradictions, was of a nature to guide my steps on my way of mourning" [22]. How much (patient and family) will refuse everything (there appears the problem of organ donation) even before the time of the fateful, of this harmful time. How many thought to have found a conclusion to heal, to relieve and why not to be cured by being out of norms whereas it is enough to listen to the words to surpass a physical condition or mental deteriorated more and more difficult and for the surroundings that Is nothing worse than giving up all the strength to overcome situations.

"The logic of living beings, guaranteed by the nervous system, permits us to transgress the gaze usually borne on the bonds which reassure us, but which retain and on the ruptures which deliver but which insecure". These few lines of C. Aimelet-Perissol in his 2007 article [23] force the understanding of these vital mechanisms of accompanying (child or adult) in the emotions that are manifested during the change of bodily or neurological state, Conception of this contact to live of our bodies, as of our relations with others.

It is the words and the way of saying them that become primordial.

End of Life, Natural Unprobleme

"Life is short, art is long, opportunity is prompt (to escape), empiricism is dangerous, and reasoning is difficult. We must not only do ourselves what is right; But also (be seconded by) the sick, by those who assist him and by external things" [24].

-Hippocrate

As with any form of organized society[e], there are obviously several ways to correctly consider the end of life in terms of palliative care spaces as an object of research: Continuous speech, continuous touch, continuous listening and Before all this the politeness of knowing how to say. This may mean that the often-virtual barriers and the physical distances generally due to societal apriority are significant for any environment and especially that of palliative care only in the definition including the conditions of the effective maintenance of this communication, the continuity of a social life. But the human synesthetic sphere has been profoundly modified by the inventions and lifestyles of being: Writing, text and speech, the exploitation of medical data, tactile approaches and senses have transformed the world into a gigantic chamber of echo attenuating the distances of one being to another being. Thus, all concepts of position, distance, mobility and plasticity have come to be of importance in all cases of decision-making, so that all (social) contacts can be maintained those that could be unpublished.

References

1. Bernard Troude, Ethics of acknowledge to communicate: it goes! Where are you? Exclamation mark or question mark. (Word to say) Elsevier-Masson, France.
2. Bernard Troude, Frédéric Lebas (2014) Collective texts, Re-Thinking the ordinary. Societies, De BOECK Superior.
3. (2012) Symposium Re-thinking the ordinary. Sorbonne Sociology Laboratory CEAQ, School of Medicine, Paris.
4. Max Weber (2013) The Domination. La Découverte Politics & Societies, Paris.
5. Max Weber (1921) The Legal Domination with Administrative Bureaucratic Direction. In: Theories of Organization. The Press of the University of Quebec, Quebec, 23-32.

[e]Organized societies: Western societies, contemporary regardless of region, but also tribal societies with religious or geographical peripheries.

ISSN: 2578-7071

6. (2014) Tractatus logico-philosophicus. In: Ludwig Wittgenstein, Philosophical research (1936/1949). Gallimard editions, Paris.
7. Patrice Van Eersel (2012) Interviews with Borys Cyrulnik, Pierre Bustany +4 authors, your brain has not finished astonishing you. Albin Michel/C.L.E.S, Paris, 39-95.
8. Edgar Morin (1976) The Man and the Death. Seuil Publisher, Paris.
9. José ORTÉGA y GASSET (2010) The revolt of the masses. Editions Les Belles Lettres, Biblio Classique of Liberty, Paris.
10. Vladimir Jankelevitch (1980) The I-Know-What and the Almost-Nothing. coll. Pocket Points/Essays, Seuil Publisher, Paris.
11. Vladimir Jankélévitch (1980) The I-Know-What and the almost-nothing. (4th edn), opus cité volume 3 the will to want, Seuil.
12. Bernard Troude (2016) Space and the ultimate act. Explanations of a place and a diversion: The care and space of palliative care. Elsevier-Masson, Paris.
13. Percy Williams Bridgman (1938) The Intelligent Individual and Society. Mac Millan Company, New York.
14. Bernard Troude (2015) To life to death, an idea to re-think the ordinary. Even death no longer belongs to us. Ethics, Medicine and Public Health 1: 456-467.
15. (1953) ERASMUS, Praise of Madness. Classique Garnier Editions, XIV and XV, trans. P. DE NOLHAC, 27-29.
16. Karen Arthur (2005) The Christmas Blessing, Telefilm made from a true story, Screenplay: Wesley Bishop, Donna Van Liere, Second installment of a trilogy, also made up of the TV Shows of Christmas Shoes and Hope for Christmas.
17. Vladimir Jankélévitch (2008) The Death. coll. Fields/Essays. Flammarion Publisher, Paris.
18. Éric-Emmanuel Schmitt (2002) Oscar and the Pink Lady. Albin Michel Publisher, Paris.
19. Jacques Lacan (1991) The Seminar of Jacques Lacan, Book XVII: The Other Side of Psychoanalysis.
20. Jacques Lacan (1994) The Seminar of Jacques Lacan: Book 4 The Object Relation.
21. Bernard Troude, To the life to the death, an idea to re-think the ordinary, ibid.
22. Chantal Haussaire-Niquet (1998) The Child interrupted. Coll. Human Sciences, Flammarion editions, Paris.
23. Catherine Aimelet-Perissol (2007) Links and Ruptures From birth to old age, in Breaks and Links. International Journal of Psychology 30: 53.
24. HIPPOCRATE of Cos, The father of Medicine, 460/375 B JC.