

Special Article - Palliative Care

The End of Life Sciences

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Our identities in ultimate space, the palliative care area. Our identities, critical paradigms of being contemporary, do in my opinion between humans with self-regulating mechanisms. At this time, the maze of all end of life will be produced and is information containing all existing conflicting elements and remained underlying. I will get back to this status of the human by giving Edgar Morin's statement: "Death is what identifies the man with the animal and what differentiates from it. Like all living beings, the human from death. Unlike any living being, he denies death in his belief in an afterlife." The basic idea is therefore that the faculties (cognitive inextricable) are all related to the history of what has been lived in the same manner as any layout of a road or path, the pre-existent, appears while walking. The image of our dead persons in this cognition that follows, can be solving the problem by means of representations but do emerge, creating a world whose only condition to be operational: duty to ensure the sustainability of the whole game then in death deceased and not the entire company around.

By the way cannot present a defense against the aesthetic seduction training as one piece about the suspended time-between between Life and Death.

Conclusion: In recent months I have, on various reasons, worked the subjects expressed, I was called to formulate a new angle to finish this. At the "concept of palliative" medical or health care setting, I will treat this subject with the aim of sociology and anthropology with the subject line connecting: empathy.

Keywords: Palliative care; Death; Birth; Life

An Ultimate Space, The Palliative Care Area

Our identities, critical paradigms of being contemporary, do in my opinion between humans with self-regulating mechanisms. At this time, the maze of all end of life will be produced and is information containing all existing conflicting elements and remained underlying. Set will be up to support a set of facts (actual or antithetical) concepts of beam forming and image science.

Hence it is (maybe?) a flaw in the standard model, as seed secretly expected by the proponents of a consecrated ideology, an ultimate theory that would exceed our designs on the main, our current designs on "elementarity". Remaining that point of view imposed prediction standard model not verified experimentally. Thought processes should enable whether the unification of interactions for the purpose of space "said palliative" can be achieved or not through the devices. The stakes are high because it affects not only our conceptions of life, our conceptions of human's history and their universe, personal synesthesia around the end of life. Indeed, subjects are intimately related. That seems to be the necessary way to understand how a primordial universe seemed unequivocal, homogeneous and undifferentiated by visible nature has arisen in recent times, the diversity and complexity of the ultimate act, willful act or no.

The belonging of the body should remain the property of the one who passes away though may think actors reflecting it. I will get back to this status of the human by giving Edgar Morin's statement: "Death is what identifies the man with the animal and what differentiates from it. Like all living beings, the human from death. Unlike any living

being, he denies death in his belief in an afterlife [1]. "The constituent behaviors that emerge 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 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 kind of scandal.

Assuming This to be Borrowing Truth, What Should We Conclude?

1. Some think that this topic (Death) is not the responsibility of science and it especially must conclude nothing and he cannot even talk.

2. Others see it as a sign that there is a lack of "theory" that would expose more complete constant values, and in this game, we would differ from one another.

3. Still others conclude that these plurivers the observable death, those in which intelligent life can exist, are only a small portion of an entire universe in which the constants will not be identical everywhere. As we live on earth because this place is a special place where life appeared, we are in an invariant or the emergence of intelligence is developed to reconsider how to end life and at the same time imagine the afterlife.

4. Do not remove, or subtract rather than also some see a sign

of mystical complicity between the universe and us and that this universe would only accept meaning in relation to the existence of the human.

These issues, recently appeared in the times of the universe, I would name them under the generic entropic principle (as I get from hard sciences in cosmologies) [2]. Clearly passionate reactions (low term to qualify this discussion) will be triggered among the companies whose preferred taboo is: we do not touch the divine creation. In trying to approach the topic without much societal controversies, I have to mention that this science of dying leads to three converging infinite: the infinitely complex, infinitely extra neural and infinitely staff. But we must recognize that the general public, uninformed and without direct ownership, is struggling to capture the interest of this research. Palliative keep the image of a discipline accompaniments and human sensations, very difficult scientific discipline from a theoretical point of view, a very sophisticated experimental point of view and which would therefore be understandable by a small community (in the medical, paramedical and religious moment) very narrow specialists.

The basic idea is therefore that the faculties (cognitive inextricable) are all related to the history of what has been lived in the same manner as any layout of a road or path, the pre-existent, appears while walking. The image of our dead persons in this cognition that follows, can be solving the problem by means of representations but do emerge, creating a world whose only condition to be operational: duty to ensure the sustainability of the whole game then in death deceased and not the entire company around. After all, where the arrival of that purpose on earth. Those who remain are such that their divine is identical to that which must die in his condition. Those who remain suffer in advance of separation, inevitable and persistent, then in their desperation appear a transient serenity believer. Those who remain wish, barely, death waiting to unveil applicant memories, especially, monetary leftovers. How can it be otherwise, when the palliative is to gather in a sham peace often-entire life around this misfortune focused on a life disappearing from a known body? We recognize that someone's death of someone quickly becomes a scandal when often this event, this non-event, awakens in the affected relatives as much curiosity and horror. The other question would be: how not to be used to this phenomenology of the living who will have to, must die a natural event and still taking its accidental meaning? V. Jankélévitch tries to limit cases of acute experience in amazement: "At its point of tangency with these borders, the man is at the forefront of the human, where mystery, ineffable the "I-don't-know-what," opening the passage from being to nothingness, or be the absolutely-other" [3]. Consideration by the author of the banality while in strangeness, normal abnormality, and tragedy in the familiar hence the contradiction. Tell the unspeakable while describing the incomprehensible.

In a film script, a child feeling his death, more lucid than his father and his acquaintance does ask: "Mam' is already elsewhere, does she see me coming? Does she see me leave you to teach her? Who is it that wants me up there if Mam' knows me?. Dad my body is nothing; you must take to save another person less close to end. "The emotion comes from the gap between this very young boy (10 years) and the age of adult women (35 years) who just waits down the hall to the palliative care area a new liver transplant to survive his illness

and become the partner of the child's father. The child dreamed see his unknown mother died in a fire, which swept away all traces and all photographs and now his dream becomes a searched reality sought [4]. Her survival depends on this pair of red shoes thread in 3 films and he transmits to his surgeon. The perfect gift: I give you and this allows me to separate myself from the living.

Each other and continue to pass and re-pass around these palliatives areas. The voice should be soothing, good to hear it, but at that time, day or night, morning or evening, they thwart or the density of solitude or the constant presence of death. The texts will have dissimilar approaches profusely whether mystical, cultural, therapeutic, but also scoffers: The real death at this point substituted to a symptom of Death "inflammation of small deaths" indicates V. Jankélévitch [5]. This little death that also concerns the short fading, we can actually equate to a short-term explosive event, unlike the 'Grande', the 'True', the 'Final'. Rarely reached orgasm only by those whose addiction is nothing the rub with the most definitive aspects? For example, in another formulation, the happy men who have already experienced it, know that orgasm causes, more or less fleeting, like symptoms of what once used to describe the phrase "little death or great thrill.

By the way cannot present a defense against the aesthetic seduction training as one piece about the suspended time-between between Life and Death. A considerable gap has indeed register between an aesthetic strategy, as assigned to the defender of "palliative" and that before which we must bow when authenticates the effect produced by the encounter with some serene spaces the preliminary death. The rituals sanctify the steps, transitions from one condition to another, in all civilizations of life and death: the birth, the introduction into society of men, adolescences, weddings and, finally, death rituals. Under absence traits making the real invisible, unseen, Death becomes interesting as a selfish enjoyment as it onaniste in which the remaining time is always limited glorifying a hyper reality of desire in the constancy of it.

Our modern ethics will (try...) to end this intellectual finality, this religiosity for all. Could we not approach our Death of a daily and regular basis, such as financial, insurance companies have taught us to expect? In their emanation from the first principle of LIFE, creatures perform a form of circuit, whirl, everything returning as their end to the first beginning, which they originate. Augustinian texts remind us that we must expect the returns to be operating purposes by the same causes as their output principle. I have virtually all said that I wanted to give notice but I can not take for conquest accepting that the momentum in the relationship-by subject/object what ordinary death (perceived objectively and not subjectively) - or extermination, imagining things at this point without too clarify the provisions. I want to bring my remarks to that of Winnicott: "The destruction appears and becomes an essential feature, provided that the object is objectively perceived, has autonomy and is the reality" shared ".... "But for me, the destruction plays a role in manufacturer reality, placing the object (by death) outside the home. For this process to be fulfilled, favorable conditions are necessary" [6].

Between center and absence. One be missing you and everything is depopulated [7].

All beings do not die the same way, but they die.

These are the things and places that alter the memories, objects are bad and remember, lost time. As we remember, the being is alive in our minds, our affections, and convictions but does not belong to anyone. "... That makes us remembering and forgetting" [8].

The sublime will find its place here in a critical area of procession, all the more expansive and prolific as in the predicate of Fenelon which will determine on a surface not agree, but at the root of consciousness and esperante certainty. I must admit that due to the nerve center of the beliefs is that by allowing that doubt, in the generality of efficiency and consequences,, "is the test without which there (...) would not possible to recognize the reason, and, possible play refusal make the ultimate choice." In other provisions, François Trémolières [9] point out in foundation of knowledge (of the Divine and Science) there is a choice, an act following a commitment when the decision is doubt main decision in order to understand the choice Fenelon. There cannot be a sublime aim in this cognition Kant, F.Trémolières suggests that it is remarkable that fundamentally linked to the experience of the subject and its propensity to remain at the heart of contraction between enjoyment and affliction, palatability and abyss, which configures the markers of sublimation. And Death, everything follows. The experience of the sublime (Death) goes through the MYSELF (MOI) filed and the sublime form of the destruction of all Being created; and, all the acquiescence of a reason for his abridgement to perceive in it other than itself, the purest and most sublime in the act, when all religious enthusiasm is discharged from leaving bare this experience of austerity, this affliction of credulity seemed like only feeling compatible pure love, sublimation in deceptive. He continued: "By creating/sublimation can be obtained at the psychic level, enjoyment comparable to that found in the direct exercise of sexuality. In the expression of the art of the nude (academies) eroticism is an endorsement of life into this death, illustrating the Freudian mounting a drive faces "a gap structure (...) from that the unconscious" [10].

Impulse (or Pulsing) Facing Ordinary Death, Dead or Small Death

How to stun the last term (life) or death while the presence of pleasure and reproductive sex in the living (human and animal) is related to the death of the orgasm "little death"? So we can ask our lives to be the key for an entry in this eternity. Yet this time, Lacan defines sublimation this splitting (mentioned by Saint Augustine) subject movement towards an essential otherness in this direction already appointed roundabout. Or in any final analysis: Death without immortality. Just ordinary. When Franz Kaltenbeck chronicling about Leonardo da Vinci: "... The relation of the subject to death moved" to make live in a mirage of relationship "that Leonardo knows his mother and his pupils, beautiful young men beardless, images his own childish beauty. "Is the death in this kind of double? ..." [11].

"It would be easier to continue living while forgetting immortality" [12].

L. Wittgenstein, being taken as reference, speaks that anyone does not suffer death and that there can be nothing terrible, nothing to fear. It is indeed a distraction that coexists with death that makes it so terrible-and it is clearly also related to the incompetence of what

is real life: not that of the body, that of the "animal", but that of the mind. To be exercised to admit the meaning of life, the attention of the world itself must be a look from the perspective of timelessness [13]. What is significant here is now available which death is feared and highlighted. Within the meaning of happiness come true every time as human purpose and intention, death can never mean a loss when it is certain that we deceive prejudging it subtracts us in real life. Peace of mind and any appeasement will only be possible if all the anguish, over time, disappear. "See life as non-problematic just depends on what you could see out of time. The look and focused on what it means death should then be the look from the perspective of eternity itself. Why we fear death if we live in eternity? Why do we fear suffering in the future, if there is no future? If there is time as time? "It's time to bring that intones our Republic since 1905 and before in its preparations from the Enlightenment: secularism in our behavior. It's meaning in the painful moments probably intransigent as to the final will remove all the troubles in no way involved in the reunion desires hoped in elsewhere. In 1914-1916 Carnets secrets, the issue concerning the non-problematic way of life, the will to live is precisely set with the question of life lived in eternity. Thus, these two issues do represent equivalencies: "But can we live so that life ceases to be problematic? Whether you live in eternity and not in the time? "Obviously, this" eternity "(we know in real time that is two generations see three or four maximum) that can be experienced is not an eternity begun a specific bridge to infinity nor eternity after death, but an eternity of timelessness. This research representation to study cognitive phenomenology with the subject every death attracts statements solutions; but we must "recognize that this is a rather vague label, much like connectionism (...). From the cognitive science and a greater proximity to the brain, enaction approach making a step in the same direction.

To conclude, there is perceptible time than the present, which contains in itself all eternity and thus the anxiety or the expectation of the future can only be a mere illusion never really lived. It is necessary to clarify that fear and anxiety are linked to the actual information of failure to understand the purpose of maintaining an idea its own meaning of life, the inalienable property of our lives for us-same. The space called "palliative area" serene makes those who give the appeasement mission those with personal experiences destroy the end of life by assimilating it to an ordinary end smoothly, seamlessly and painlessly (physical or psychological) Let's return to St Augustine who pointed out in his homilies cited that the happy man is one who reaches the aim of his life and did not need anything other than his own life. Now it seems that the concern is by no means lived to the purpose of the existence or relative to cool life but still over something that does not depend on us "if we fear not be happy (now or in the future) is that we have not yet understood that happiness depends on our own will and we continue to place it on something external; fear is in this sense always lived in relation to what is fit for the purpose of existence-the real life.

"The conception of history (of a life) as a progressive linear process proved inconsistent. Such a belief was born with the modern era and was, in a way, its justification, its reason for being. Its failure revealed a fracture at the center of contemporary consciousness. Modernity begins to lose faith in itself [...]. Hence it is clear that we must build an ethical and policy on the poetics of the present. The policy ceases

to be building the future: its mission is to make this habitable [...]. Living in the present is to live facing the DEATH. The human being invented the eternities and future to escape the Death, but each of these inventions was a death trap. The present does reconcile us with our mortal reality.

It was only before the DEATH that life is really life. In the present, our death is not separate from our lives. The both of them are the same reality, the same fruit" [14].

Conclusion

In recent months I have, on various reasons, worked the subjects expressed, I was called to formulate a new angle to finish this. At the "concept of palliative" medical or health care setting, I will treat this subject with the aim of sociology and anthropology with the subject line connecting: empathy. Because there is that man in the middle of the human being and explained above in this text: The beings do not die all the same way, but they die.

This is my persistent and critical work-in-progress: the preparation and widespread thinking that animate this whole research on the subject of body ownership and knowledge be the end of life, knowledge and be able to recognize. Certainly, there may be a psychoanalytic perspective, however, I must define the space and places with people and the reality of death. Ensure that preparation time for "practice of so-called palliative care" is to exercise a singular activity where empathy, social contiguous, is distinguished from data and functions while making the recognition of an identity. Do we need to have possession of an ethics of care or environment to encourage exchanges possibly not between staff surrounding caregiver or not and the living body even as the will not be declared dead? This needs to be skin-to-skin contact, caresses of regular attention in these places can have episodic course. At this time, the formation of a group, from the family, friends, profession, the chosen neighborhoods (or accompanying caregiver/setter), or stored shall ensure that there is a "crisis", which can be a critical representation; how to realize that this "crisis" (ritual) is momentary and can be as soon as will be discussed memories of the person. Crisis is a signifier whose postmodern era took hold and the word (concept) is full in every speech. Will there be admitted an assessment of the situation, the dying patient becomes the essence, the central subject, but will not be in the expected result: the only speech is speech in the family and that this is happening precisely "no crisis".

DEATH both lived a thousand times, which psychoanalysis often accompanies it, can we tackle it differently through Freudian trauma.

DEATH at any age is a variation in the analytical field, see above, trauma invented with the study and therapy of non-medical symptoms, sparking hysteria through the ritual of "crisis," which their trauma origin is denounced by the formation of symptoms, meaning the time of "crisis" at major definitive breaks between body and mind.

This leaves the face about not having identified the possible end (in space-time) and forced the certainty of all life, to grapple with a break of something he cannot account for and which it can deal with its subjective benchmarks and whose symptoms realities come as response and effect.

Birth/life/death

But the trauma of certain death, in the field of palliative care is a crisis quite particular. It does not abolish in the way he approached in the current and intuitive speech. The trauma of Death discovers that end of life sciences is not built or united with a time thing or an accessory that occur in the unit breaking, crisis, in its dimension of linear relationship, in a wide cause and effect an incident causing such a known fact, expected. If I am using Freud's discovery to show that trauma (any) is a time of "crisis" is approved it is always linked to double event, it always occurs on a divided temporality in two periods. Who has thought about HIS DEATH certain, cannot account for the persistence of symptoms regardless of age, or time of a short or long life.

The results of all my knowledge, I see well what can be traumatic in the exercise of accompaniment: the experience will make pushing free association as far away memories images (the sound when being no longer seen by the eye when the being does not understand the language) sensations induced knowledge to the words and touching will not prevent the continuation of the "crisis". This first description to understand the person arrived in the middle "palliative", original and real traumatic moment which is not subjectively, can claim to extend a form of guilt including the initial forward to continuing this moment of "crisis", time of reconciliation: as the skin is in contact, the person is there. But still a form of guilt of an unacknowledged pleasure derived from being "appreciated". Only the second time during the episode of "palliative", the "crisis" event becomes traumatic delivering and transferring its load and social significance of this second time that does not include. What connects the two scenes, basically, two traits: the anxiety to communicate with the patient (living person) woke a grin that have caregivers, circling and smugglers, and the fact being (in life) only or to be accompanied for entering in the prescribed place. I see that this time the term "palliative" matches or nothing or very little with some DEATH. In other words, in the act of intellection of any representation, where pragmatic demands of communication are severable the snapshot will develop intuitive collective hanging on the definition of a social bond. So that the terminology world, set up as I mentioned in the opening of this text will be entered using a list of forms in the waning ordered according to its significance, only limited list by editorial imperatives, read and interpreted as a series of associative scenes. All texts and all behaviors are part of homogeneous groups, alas without individuation without individualization, but understood each considered first and indivisible rare. Then comes the need for empathy [15]. This will never be mentioned during the company studies, medical chronic when it comes to the heart of the relationship being body/body suffering. During my research, I realize how crucial it is for claiming to treat pain crisis in the palliative. Will we remember the requests made or not? Would we highlight the suggestion of a particular requirement? Magmas empathy and under what finally said, there has always been a wish expressed; alas, not necessarily written!

In any case, substituting the concept of interest to that of empathy seems to me relevant. In any case, I feel that these are the two "states" keys in relationships. The idea is that before have empathy for someone he would not have any interest in the human being? For example: THE LOOK, TOUCH, and CARESS, THE MEANING TO PARTICIPATE OIFACTORY, NOISE TO SURROUNDING. All this

range represents the most accomplished shape synaesthetic to lead to the ultimate act out all medications and protocols that become a ritual to appease the consciences: want what everybody wants no interest while interest for the person above the capacity for empathy for her to understand his identity.

Perceive mental pain/Possess empathy

Lack of empathy and empathy itself remains an abstract notion.

Other pains are storable and their mere mention of the language is to repeat the affliction (fracture of a bone, burning various degree, childbirth or delivery). It is difficult to describe this feeling claim immediately accompanied by the relief and pleasure. A fortiori, to represent and evaluate the other's and in fact the judgments involved in these spaces of "silence" and "resignation" are the many detour toy which nobody can/wants to realize actually; if only imagine what it is suitable to evaluate, evaluate. A large inter-identity disparity argued in palliative circles about empathy or appreciation of the psychological identity of accessing people during those moments "suspended" to the neighborhoods waiting DEATH, certain deadline. Should we bring the influence of medical judgment for understanding other people or the medical staff of the source of genuine mental suffering even more significant in physical immediacy? That said, another source of disparity appears when the patient or the environment (family or friends) instructs the medical existence of a mental or physical pain: the level of intensity is taken into undervalued by the healthcare professional.

These observations were somewhat change the direction of my research and fact distinguish heterogeneous forms of practices. In the case that interests me, like hospitals and specialized medical, self-rating scales do not have evidence with regard to the status and identity of the person being put to Besides the fact to see a more or less become amorphous showing intense suffering or a notorious lack of interest on the situation of his own body.

A serious questions recent order neuroscience studies of understanding of how the perceptual statements relating to empathy, and thus affects the identifications without adding semantic necessities. According to Dr. N. Danziger, man's own wishes in its ability to design subtly from being "neighbor" specific sensations elements for exultation, aversion but anxieties, inclinations and empathy as well as the trigger for determining the pain (physical or mental). Recall that this concept of pain remains a danger warning and a request for help from exhortation to bring in one who is in a state of weakness. Essentially we are around of "theory of mind" [16] at the center of all the controversy in neuroscience.

The spine of altruism distinction qualifying determines the empathy as an essential option. What mental interventions allow the development of this ability to "understand the agony of the other"? Could this be the result of interaction of the innate, the singular practice of torture, absolute intellectual sensibility, to the sadness of his neighbor, initiation and decency or scholarship? "There is consensus today on the existence of two major mechanisms of perception of the emotions of others. The emotional resonance and emotional inference "says Nicolas Danziger develops" emotional resonance is a reflex process, a kind of automatic imitation of another's affect, at work in the first weeks of life" [17].

In which case, a human being (under a specific identity) in the entourages of palliative backgrounds, images of painful situations, can he properly assess mental pain" by observing with an MRI that involved brain area in the emotional inference process will be strongly activated and showing a link relating to the capacity for compassion, hence the result is a compensation of the lack of experience of the other by increasing its ability to humanity" [18].

Finally, the sphere of "palliative" refers matters to each other. We have to play with our emotional and passionate practices including those that we would not have experienced yet; difficult to imagine for those who do not understand the reality of their environments. Realities they carry with them, and for them in all circumstances except to understand the state of DEATH, ritual between patient in his last earthly phase in its phase I disappeared but am alive (picture the coffin mentioned) and burial (or any other aspect of the disappearance) disappeared forever. As actors (theater) with any scenario, the behavior requires a dramatic imaginative creation to discover the person behind the words, behind all semantics behind any normal situation, accidental or ultimately ordinary.

The life lived.

"What is important to understand the feelings of others, not to have the same experience as him, but to be able to imagine what it would be to live" [19].

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14. Empathy, Empathy is more than an attitude faculty, as such it is first "instinctive" in the sense of "I do not think, I feel what the other is going through emotionally. It is this aspect that is not available on intact, especially

- in people with autism preventing them from able to connect to each other spontaneously.
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