

WHAT DOES IT FEEL LIKE TO DIE?

No one can tell us what it feels like to die, since none of us has actually done that yet. An article in The Atlantic magazine explores the experience in “What It Feels Like to Die” by Jennie Dear. What we know about the lived experience of the final moments of life has long been limited to what we could glean from the words, actions and expressions of the actively dying. The final experience of death, however, has always been off-limits to us – short of actually dying ourselves.

James Hallenbeck, a palliative care specialist at Stanford University, likes to compare dying to black holes. “We can see the effect of black holes, but it is extremely difficult, if not impossible, to look inside them. They exert an increasingly strong gravitational pull the closer one gets to them. As one passes the ‘event horizon,’ apparently the laws of physics begin to change.”

With advances in scientific knowledge and diagnostic technology, however, the medical community is beginning to peek beyond the horizon. Though still forced to observe from the outside, we are gaining an intriguing new look into the physiological process of dying, and what may be waiting for us when we get there.

Death used to be fast. Generally, people died over a relatively short period. But in the last century, the advance of medical knowledge and treatment has allowed humans far greater control over the end-of-life timeline. “Americans who have access to medical care often die gradually, of lingering diseases like most terminal cancers or complications from diabetes or dementia, rather than quickly from, say, a farm accident or the flu. According to the Centers for Disease Control's most recent figures, Americans are most likely to die of heart disease, cancer, or chronic pulmonary lung disease.”

When death doesn't come quickly, there is a fairly predictable order to the final days and hours of life. The human body shuts itself down in a certain sequence. “First hunger and then thirst are lost. Speech is lost next, followed by vision. The last senses to go are usually hearing and touch,” says Hallenbeck.

The level of pain involved with dying, on the other hand, is less predictable. Some types of death are inevitably painful, but many diseases associated with suffering – such as cancer – are often able to be addressed with modern palliative medicine. Assuming the pain meds are being administered properly, pain shouldn't necessarily be overwhelming.

Of course, the actual experience of death remains a mystery for everyone who hasn't tried it. While we have our ideas of what the actively dying experience in those final hours, the truth is we can't quite be sure. “We generally believe that if your brain is really in a comatose kind of situation, or you're not really responsive, that your perception – how you feel about things – may also be significantly decreased,” says David Hui, an oncologist and palliative care specialist who researches the signs of approaching death. “You may or may not even be aware of what's happening.”

On the other hand, other actively dying individuals have described an experience of reality that – far from comatose – is hyper-alert, present and aware. “A lot of cardiac-arrest survivors describe that during their unconscious period, they have this amazing experience in their brain,” says Jimo Borjigin, a neuroscientist at the University of Michigan. “They see lights and then they describe the experience as ‘realer than real.’”

The article, with a subtitle of “Science is just beginning to understand the experience of life’s end,” is available online. Also available is a video, “What Happens Inside a Dying Mind?” displayed at the end of the article. ([The Atlantic](#))