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## THE DECONSTRUCTION OF MODERN MORTALITY OF DEATH: AN ANALYSIS THROUGH LAW, WAR, AND SOCIAL PHILOSOPHY



## ABSTRACT

**OBJECTIVES:** This paper aims to explore the deconstruction of contemporary mortality through a multidisciplinary approach, focusing on law, warfare, and social philosophy. It examines how modern society navigates the complexities of death, both legally and socially, and investigates the impact of warfare and aging on perceptions of mortality.

**Material and methods:** A qualitative analysis is conducted through a review of international legal frameworks, including the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights. Additionally, case studies of modern warfare (e.g., Ukraine and Gaza) and philosophical discourse on social death are examined.

**Results:** The study finds that international law prioritizes the right to life, while the right to die remains a contested issue. Modern warfare complicates traditional notions of mortality, extending death beyond the battlefield. Social death, marked by withdrawal from societal engagement, highlights the role of aging and retirement in diminishing personal identity before biological death. These findings underscore modernity's attempt to manage and distance itself from death, while also revealing the erosion of communal coping mechanisms in the face of mortality.

**Conclusions:** The paper concludes that the deconstruction of modern mortality reflects a broader societal shift towards the privatization and medicalization of death. It calls for renewed engagement with mortality through collective rituals, ethical reflection, and interdisciplinary discourse. Bauman's insights on modern mortality remain relevant, emphasizing the need for a more open, empathetic confrontation with death in contemporary society.

**KEYWORDS:** *law, death, isolation, medicalization, mortality*

## INTRODUCTION

The connection between law and mortality is often articulated through the law's assertion of ultimate authority. This linkage is frequently framed as a supreme declaration, wherein the law either assumes sovereignty or functions as a mechanism of sovereignty, enabling the exercise of power over life and death. The notion of death as the boundary of the legal domain does not signify a direct correlation between death and law; rather, it serves as a parallel representation. This concept lacks fixed boundaries, remaining unbounded and unregulated – a self-affirmation that exists independently, transcending any external reference.

As noted by Blanchot (1995), this law emerges from a realm beyond itself (p. 25). When death is perceived as akin to a fundamental limit of law, it embodies the law's assertion of certainty and predictability, manifesting *law in its original form and within its inherent structure* (Derrida, 2002, p. 276).

Additionally, the avoidability of death, whether through legal, medical, or social means, complicates this relationship. As observed in studies of fetal mortality, the classification of deaths into avoidable and ill-defined categories speaks to the legal and institutional frameworks that regulate life and death (Xavier et al., 2024). This reveals a tension between legal oversight and the unpredictable nature of mortality, reaffirming the law's limited but profound influence over life's cessation.

Moreover, philosophical perspectives further illuminate the psychological dimensions of mortality. As highlighted in the exploration of Stoic philosophy, death is regarded as an inescapable part of life, yet one that offers an opportunity for psychological resilience. Stoicism, particularly through the works of Seneca and Marcus Aurelius, encourages an intellectual acceptance of mortality, fostering a sense of peace and purpose. Seneca's reflections on living each day with gratitude and acknowledging death as a natural consequence align with the idea that the law's role in regulating life and death should be approached with a rational acceptance, rather than fear. This parallels the idea that death, as a boundary of law, should not be feared but rather accepted as part of life's natural order (Prahasan, 2024).

In light of this, frailty – often viewed as an indicator of vulnerability towards death – adds another layer of complexity to the understanding of mortality. A recent study examining frailty in four low-mortality countries (France, Italy, Spain, and the United States) underscores how frailty complicates the morbid process, as it is not only an outcome of aging but also reflects the failure of systems designed to manage end-of-life care (Trias-Llimós et al., 2023). The study reveals that frailty-related codes are often reported in death certificates, demonstrating the limitations of both medical and legal structures in managing death and frailty as intertwined phenomena. This further accentuates the role of law as both an enabler and a limiter in the management of mortality, particularly when confronted with conditions that blur the lines between life, aging, and death. Furthermore, as explored in *Death Is Upon Us: Embracing Mortality as a Catalyst for Creative*

*Renaissance*, mortality itself can act as a powerful catalyst for human innovation and reflection. The acknowledgment of mortality is not merely a passive act but a dynamic force that drives profound creative and intellectual output. Mortality becomes a *muse* that inspires individuals to push beyond conventional limits, redefining their relationship with life and legacy (Youvan, 2024).

Despite the subject of death being perceived as taboo and often overlooked in contemporary discourse, especially in postmodern culture that glorifies success and immortality, the exploration of mortality within the realm of social sciences is essential. The very taboo surrounding death highlights its significance as a social and psychological construct, where the law plays a pivotal role in defining its boundaries. As Kwaśniewski (2023) notes, the taboo surrounding death has been shaped by cultural shifts and remains an essential but uncomfortable aspect of societal norms (Kwaśniewski, 2023). By addressing death within legal and philosophical frameworks, this study contributes to a critical understanding of how society, law, and mortality intersect. Death, as a final boundary, invites not only legal regulation but also intellectual engagement, offering a space for philosophical reflection, cultural understanding, and ultimately, the recognition of human fragility. As Blazek (2000) argues, legal constructs often define the limits of life and death, shaping the way society handles mortality through formal institutions (Blazek, 2000). Therefore, the discussion of death is not merely a reflection of societal discomfort, but rather a necessary step in unveiling the intricate ways law shapes, defines, and responds to human existence, especially as it faces the inevitable end.

## THE DECONSTRUCTION OF MODERN MORTALITY OF DEATH THROUGH LAW

The notion of a right to death represents a multifaceted discourse that traverses diverse legal, ethical, and cultural landscapes. It primarily pertains to the concept that individuals possess the prerogative to determine when and how they meet their demise, particularly in cases involving terminal illnesses or excruciating suffering. Proponents of this perspective contend that individuals should enjoy the autonomy to govern decisions about their own lives,

including the choice to terminate their existence when confronted with severe pain or the erosion of their dignity. They posit that the right to death can be perceived as an extension of other fundamental rights, such as life, liberty, and bodily self-determination (Derrida, 2002). Conversely, detractors argue that life intrinsically holds value, and intentionally causing or aiding someone's death is morally opposed to this belief. They assert that society is responsible for safeguarding and upholding life and that legitimizing the right to death might entail adverse repercussions, including the potential for abuse or the devaluation of marginalized populations (Blanchot, 1995).

Certain proponents argue that the right to life inherently incorporates the right to a dignified death, encompassing the entitlement to refuse medical intervention or seek assistance in dying. This perspective aligns with interpretations of human rights principles, such as the right to privacy, autonomy, and freedom from cruel, inhuman, or degrading treatment (Buletsa, 2021). The right to terminate one's life is perceived as an expression of individual sovereignty, allowing individuals to make an autonomous decision regarding their demise. Nevertheless, some perceive this as a contradiction to the right to life, a concept ardently championed by many. Acknowledging that legal and ethical principles must delineate both rights is crucial. The right to die does not automatically translate into the right to assistance in terminating one's life but instead constitutes a right not to be impeded in seeking aid to achieve a more dignified death, particularly for individuals who may become too debilitated or incapacitated to end their own lives (Benatar, 2010, p. 2).

Death, the right to die, and the right to a dignified death form an intricate nexus comprising primary and secondary concepts. More precisely, the right to die encompasses all these concepts and cannot exist in isolation (Prahasan, 2024). The interpretation of these concepts exhibits variance across countries. However, they all share a common objective: to empower individuals afflicted by incurable maladies with the freedom to opt for the termination of their lives. The term *right to a dignified death* has been proposed as the most apt phraseology. Internationally, numerous nations extend their citizens the privilege of euthanasia (Buletsa, 2021). The legal standing of the right to death fluctuates globally. Some countries, such as the Netherlands, Belgium, Colombia, and Canada, have legalized euthanasia or assisted dying under specific circumstances. In contrast,

the United States follows a patchwork of state-specific laws, with certain states permitting specific forms of assisted dying while others prohibit it entirely.

Whether a right to death exists is a convoluted and deeply personal inquiry entailing contemplation of ethics, morality, religion, and individual liberties. The ongoing discourse continues to evolve as societies grapple with the intricacies of end-of-life determinations (Youvan, 2024).

International law does not overtly espouse the universal right-to-death concept. Instead, it champions the right to life as a fundamental human entitlement enshrined in various international human rights instruments. These include the Universal Declaration of Human Rights (UDHR, United Nations 1948) and the International Covenant on Civil and Political Rights (ICCPR, United Nations General Assembly 1966). While the right to life generally safeguards against arbitrary deprivation, it does not inherently address the complex matter of an individual's prerogative to determine the timing and method of their demise. It is imperative to underscore that the acknowledgment and interpretation of these rights exhibit considerable disparities across countries and legal frameworks. Certain nations have legalized specific euthanasia or assisted dying under defined circumstances, while others categorically proscribe or stringently curtail such practices.

Although specific articles in international law do not overtly articulate a universal right to death, specific provisions and principles within international human rights instruments can be construed as having implications for end-of-life decisions and the pursuit of a dignified death. For instance:

1. Article 3 of the Universal Declaration of Human Rights (UDHR) affirms that everyone has the right to life, liberty, and security. While the primary focus is on the right to life, some contend it can encompass the right to die with dignity.
2. Article 6 of the International Covenant on Civil and Political Rights (ICCPR) acknowledges the inherent right to life and proscribes arbitrary deprivations of life. Nevertheless, it does not explicitly delve into an individual's autonomy in determining the timing and manner of their demise.
3. Article 2 of the European Convention on Human Rights (ECHR, Council of Europe 1950), aptly titled *Right to Life*, articulates that The law shall safeguard every person's entitlement to life. No individual

shall be deliberately deprived of their life except under a court-imposed sentence upon conviction of a crime for which this penalty is legally prescribed. Depriving someone of life shall not be considered a violation of this article if it results from the employment of force that is deemed indispensable: (a) for the defense of any individual against unlawful violence; (b) for a lawful arrest or preventing the escape of a lawfully detained person; and (c) in actions lawfully taken to suppress a riot or insurrection. Article 2 underscores the right to life and prohibits intentional life deprivation, save for instances involving court-authorized sentences. It further permits using force under specific circumstances, such as self-defense, lawful apprehension, or the quelling of civil unrest. The ECHR's Article 2 does not explicitly contemplate the *right to death*. Instead, it concentrates on safeguarding the right to life. This article ensures that individuals are not unjustly stripped of their lives, except when sanctioned by law, as in cases of court-mandated executions or situations necessitating the use of force for self-defense, lawful detention, or riot suppression. The ECHR does not endorse a general right to determine one's death or seek assistance concluding one's life. Conversely, Article 8 of the European Convention on Human Rights (ECHR) safeguards the right to respect private and family life. The European Court of Human Rights has construed this right to encompass specific facets of end-of-life decisions, such as the prerogative to decline medical treatment.

4. Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD, United Nations 2006) acknowledges the right to equal recognition before the law and posits that individuals with disabilities should enjoy legal capacity on an equitable footing with others. This provision can encompass the right to decide on one's life, including end-of-life decisions.
5. The Convention on Human Rights and Biomedicine, colloquially known as the Oviedo Convention (Council of Europe 1997), addresses a spectrum of bioethical concerns, including those linked to end-of-life choices. Article 9 of the Convention acknowledges the right to refuse medical treatment. It stipulates that any medical intervention must be undertaken with the patient's prior, voluntary, and well-informed consent.

In international jurisprudence, instances have arisen wherein courts have interpreted established human rights principles to acknowledge specific dimensions of the right to die with dignity. For instance, the European Court of Human Rights, in pivotal cases such as *Pretty v. the United Kingdom* (Council of Europe: European Court of Human Rights 2002) and *Haas v. Switzerland* (Council of Europe: European Court of Human Rights 2011), recognized the significance of upholding an individual's autonomy and their entitlement to end life with dignity. Concurrently, it also acknowledged the state's interest in safeguarding the well-being of vulnerable individuals. The concept of the right to death is an arena of fervent debate, with some ascribing it as a civil right while others vehemently reject it as a valid entitlement. However, the European Court of Human Rights, as evidenced in the case of *Pretty v. the United Kingdom*, has introduced several guiding principles concerning the comprehension of the *right to die*, including:

- The discourse frequently centers on euthanasia and suicide, construed as legal ramifications of the right to death.
- As a judicial body, the European Court of Human Rights is circumscribed by its inability to promulgate novel rights not already enshrined within the European Convention on Human Rights framework.
- The act of construing the Convention to accommodate a right to death would contravene the protection afforded to the right to life under Article 2.
- The Court has posited that Article 2's protective ambit extends to the existence of life itself and does not confer the prerogative to dictate how one should live or when one should meet one's demise.
- The Court refrains from ascribing to the right to life any negative facets, such as the right to death.
- The Court delegates the regulation of euthanasia and assisted suicide within their respective national jurisdictions to individual states, thus affirming their sovereignty in shaping such legislation.

It is imperative to acknowledge that the legal panorama surrounding end-of-life decisions and the entitlement to die with dignity is in a perpetual state of transformation. Distinct countries adopt varying approaches and interpretations in this regard. Within the confines of individual nations, domestic laws



and judicial rulings may offer more explicit recognition of or constraints upon choices related to the end of life. Conversely, the subject of euthanasia remains ensnared in a web of moral, ethical, and legal controversies. It constitutes the most dynamic terrain within the purview of bioethics, as underscored by Borry, Schotsmans, and Dierickx (2006, 240-245). Each nation harbors its distinctive legal perspective on this issue. Presently, euthanasia enjoys legal sanction solely in Holland, Belgium, Colombia, and Luxembourg.

Meanwhile, assisted suicide finds legal footing in Switzerland, Germany, Japan, Albania, and specific American states (namely, Washington, Oregon, Vermont, New Mexico, and Montana). Conversely, numerous countries continue to exhibit reservations concerning granting and safeguarding the right to death. In the cases of Japan and Singapore, for instance, although assisted suicide stands as an illegal act, the rare instance of a person's euthanasia being deemed lawful exists, subject to the decision of a higher court and under truly exceptional circumstances (Lucan, 2016, p. 38). The discourse encompassing this subject spans a spectrum of considerations, including the potential advantages and rights that could underpin its legalization and the repercussions such legalization might exert upon governance. Within a democratic framework, a pivotal criterion dictates that those who make decisions and those directly affected should be the same. Should this criterion be disregarded, it becomes untenable for us to condone the consequences of decisions taken by other nations, particularly if we have not been allowed to voice our concerns within their decision-making processes and if we are unwilling to reciprocate by taking into consideration the concerns of other citizenries in our decision-making processes (Innerarity, 2019, pp. 46-47). Ultimately, the debate unfolds across multifarious dimensions, encompassing discussions on civil rights, personal autonomy, and the prerogative to meet one's end with dignity. It underscores the paramount significance of heeding the ethical and moral implications of this intricate legal and moral terrain. Navigating the notion of the *right to death* encapsulates a profound freedom to make decisions concerning one's fate while incorporating those impacted by these decisions into the deliberative processes about the conclusion of life and its reverberations upon the lives of loved ones.

The codification of *the right to die* within the framework of public health law is a multifaceted issue encompassing legal, ethical, and social dimensions. This topic has gained significance as societies confront end-of-life decisions, such as euthanasia, assisted suicide, and palliative care, reflecting evolving societal values and individual needs. The absence of a clear definition of the right to die in international human rights documents, such as the right to health, presents a major challenge for codification at the national level. Open interpretations lead to substantial differences in legislative approaches among countries, where internal regulations are shaped by specific cultural, religious, and social contexts.

Different nations adopt varied approaches to codifying *the right to die*. For instance, in France, the *Patient's Rights and End-of-Life Care* law outlines the conditions under which life-sustaining treatment can be withheld or withdrawn, though challenges in adherence to these provisions persist (Pennec et al., 2012, p. 2). Ethical considerations often dominate debates on the right to die. Critics highlight the risks of abuse and societal pressure on elderly or disabled individuals to choose euthanasia. It is essential that regulations are carefully designed and implemented with appropriate safeguards for these vulnerable groups.

Countries that have legalized euthanasia, such as Belgium and the Netherlands, demonstrate how robust legal frameworks can coexist with well-developed palliative care systems, addressing patient needs while considering ethical concerns. Conversely, in nations where euthanasia is prohibited, the lack of adequate support services often exacerbates patient suffering and relegates such issues to a *grey zone*. A foundational step involves enacting regulations for palliative care systems and training medical personnel in communication and ethics. Such measures enhance the quality of end-of-life care and support patients and their families in making difficult decisions.

The codification of the right to die also shapes societal perceptions of death and dying, fostering openness and understanding of these issues (Chilmończyk & Kobos, 2019, pp. 208-212). This shift can strengthen relationships between patients and healthcare professionals, cultivating a culture of empathy and respect for individual autonomy. Achieving this would require judicial recognition of the right to die, granting individuals the ability to assert their end-of-life preferences through legal processes that serve as a tool to promote public health interests.

The legal landscape surrounding the right to die often poses challenges, particularly in balancing public health objectives with individual rights. Legal frameworks can create procedural barriers that hinder the implementation of effective end-of-life care measures. Meanwhile, the tension between legal requirements and public health goals demands careful management by policymakers and practitioners alike.

## THE DECONSTRUCTION OF MODERN MORTALITY OF DEATH THROUGH WAR

Over the last two years, warfare and its intricate nexus with death have become one of the foremost topics of contemporary discourse. This ascendancy can be attributed to the ongoing military hostilities between Russia and Ukraine, an enduring conflict that has unfolded within Ukraine's borders. While this confrontation has been officially labeled a *special military operation*, commencing on February 24, 2023, Lukin and Khairullin contend that *the armed conflict between Russia and Ukraine constitutes a state of war, given its utilization of the armed forces of these nations engaged in armed combat with each other* (Lukin & Khairullin, 2022, p. 31). Inescapably, such conflicts typically culminate in the loss of lives, encompassing not only military personnel including soldiers, generals, and officers, but also innocent civilians. Consequently, the fundamental essence of war, inexorably linked with mortality, assumes a novel dimension within the concept of *mortality*.

In this context, it is incumbent upon us to harken back to the words of Hegel, who posited that war imbues individuals with heightened moral sensibilities, compelling them to surmount the selfish tendencies that fester during prolonged periods of peace. Paradoxically, while fostering moral growth, war embodies within itself the negation of isolated entities, principally by casting them in the shadow of its paramount and enduring dominion, Death (Hegel, 1959, pp. 241–242). Freud similarly reflected on humanity's inherent proclivity toward destruction, stating that *a living being preserves its existence by extinguishing another's* (Freud, 1932). His exploration of Eros and Thanatos

revealed that both sexuality and aggression often manifest simultaneously in war, wherein the drive for destruction parallels patriotic devotion.

Beyond the conflict in Ukraine, the ongoing hostilities between Israel and Palestine, particularly in Gaza, continue to illustrate the harrowing reality of death through war. In October 2023, a new wave of violence erupted, marking one of the most intense escalations between Israel and Hamas in recent years. This conflict, embedded in decades of political, territorial, and religious disputes, has resulted in significant civilian casualties on both sides, further underscoring the complex interplay between warfare, sovereignty, and mortality (Benatar, 2010). The Israel-Gaza conflict exemplifies how modern war blurs the lines between combatants and civilians, thereby broadening the scope of mortality in war beyond conventional battlefields (Blanchot, 1995).

Inevitably, the inquiry arises: How can the modern experience of death through war be characterized? An examination of philosophical treatises centered on the interplay between military discourse and the discourse of death delineates that the contemporary mortality associated with death in war finds its roots in the causes that precipitate wars. Sigmund Freud discerned these origins within the human psyche, contending that the subconscious mind is governed by both the sexual instinct and the destructive instinct. In a letter to Albert Einstein, he expounds upon humanity's proclivity to annihilate others, remarking, *This attraction, deserving the name of the death drive, becomes destructive when, with the aid of specialized organs, it turns outward against objects* (Freud, 1932). Prahasan (2024) echoes this in the context of Stoic philosophy, arguing that while human beings strive to delay death, they must eventually reconcile with it as a natural culmination of life.

Furthering this discourse, Youvan (2024) explores how the recognition of mortality can act as a profound catalyst for creativity and innovation. In his work, he illustrates how individuals in the twilight of their lives often channel their awareness of death into unprecedented creative achievements, revealing a dynamic interplay between life's finitude and the surge of creative output. This notion of mortality as a *muse* adds a new layer to the understanding of death's role in human endeavors, especially in the context of war, where individuals and societies alike are compelled to confront their existence with heightened intensity.

The viewpoint mentioned above posits that the modern mortality associated with death through war is a consequence of the multifaceted nature of contemporary warfare. This complexity stems from the intricate interplay of myriad factors, including political, economic, social, ethnic, and others, giving rise to various types of warfare such as *information war*, *psychological warfare*, *hybrid war*, *proxy war*, *cyber war*, and the *new cold war*. These conflicts epitomize the intricate synergy of diverse causes and factors contributing to the contemporary death experience through war. Moreover, they highlight the evolving legal and ethical considerations surrounding life and death in times of conflict (Derrida, 2002).

## THE DECONSTRUCTION OF MODERN MORTALITY OF DEATH THROUGH SOCIAL PHILOSOPHY

Attitudes toward mortality and dying within the Western cultural sphere have undergone profound transformations since the Enlightenment. Zygmunt Bauman's conceptual framework, which centers on the deconstruction of mortality as the foundational premise of modernity, reveals various life strategies and institutional paradigms that are crucial to understanding the contemporary epoch. Bauman's work highlights the profound impact these shifts have had on the cultural landscape of modernity. In particular, two pivotal aspects in addressing the concept of mortality in the modern era are the phenomena of death denial and the medicalization of death. The gradual disappearance of death from the public realm, alongside the transition from death as a communal event to a private and intimate occurrence, marks a significant departure from earlier historical periods.

Modernity, in this context, can be characterized as an era that actively seeks to erase death from public consciousness. The elderly, often estranged from social life long before their biological demise, encounter a form of social isolation that exacerbates this denial. Consequently, death unfolds primarily in isolation, removed from the sanctity of one's home, often within the sterile confines of a hospital. This transformation renders death not only a more personal experience but also a profound threat to one's sense of security and self-identity

(Blanchot, 1995). The duality of the absence and presence of death in modernity creates a multifaceted predicament, which underscores the tension between the medicalization of death and the existential threat it poses to the individual's identity (Youvan, 2024).

This study critically examines the interaction between Bauman's thesis on the deconstruction of mortality and the cultural mechanisms shaping the modern experience of death. Utilizing content and discourse analysis, it explores Bauman's assertion that mortality is central to human culture and social organization (Bauman, 1992). The awareness of mortality poses a profound existential challenge, prompting culture and society to develop strategies that both confront and distance individuals from death. Bauman emphasizes that social organization and culture collaborate to manage this challenge, asserting that the awareness of mortality drives humans to actively shape their lives with purpose (Bauman, 1992, p. 7).

In this context, the recognition of mortality not only acts as an existential challenge but also as a profound source of creativity. As noted by Youvan (2024), the acknowledgment of mortality often acts as a catalyst for exceptional creative output, as seen in various artistic and intellectual endeavors. This phenomenon of mortality as a muse resonates with Bauman's thesis, reinforcing the idea that the consciousness of death is not merely a source of fear but also a powerful motivator for life-affirming action and cultural production.

In recognizing mortality, individuals, societies, and nations paradoxically strive to perpetuate the past while meticulously planning for the future, as if death were not inevitable. Bauman (1992) argues that this awareness of mortality plays a pivotal role in the genesis of culture, asserting that *without the specter of mortality, there would be no concept of immortality, no culture, no humanity* (p. 7).

Modernity has privatized and medicalized death, contrasting with pre-modern Europe, where death was omnipresent in public life through plagues, executions, and poverty (Elias, 1992, pp. 12-18). This shift reflects a drive toward mastery over nature, transforming death from a *tame* force to a *wild* entity, challenging humanity's pursuit of control (Bauman, 1992, p. 134). Science's failure to conquer mortality turned death into a concealed *scandal*, further institutionalized in hospitals (Mulkey, as cited in Clark, 1993, p. 31).

The medicalization of death frames it as an external force to be battled, with individuals seen as defeated by illness rather than accepting death as a natural conclusion (Bauman, 1992, p. 137). Death is thus deferred through lifestyle choices, making individuals responsible for staving off mortality. Yet, as Youvan (2024) observes, despite efforts to obscure mortality, its presence remains pervasive, concealed behind euphemisms like *preventable diseases* (Bauman, 1992, p. 7).

Modernity's obsession with treating mortality as a curable ailment has paradoxically heightened death's presence, requiring constant vigilance (Bauman, 1992, p. 140). Gorer (as cited in Bauman, 1992, p. 140) describes this as an *excessive preoccupation with the risk of death*, reflecting how modernity shifts focus from one cause of death to another while the reality of mortality remains unchanged.

Medical advances in the 20th century extended life expectancy and reduced deaths from infectious diseases, but chronic illnesses now challenge modern societies (Mulkey, as cited in Clark, 1993, p. 31). Furthermore, social death, the gradual withdrawal from societal participation, often precedes biological death, particularly in the aging population (Mulkey, as cited in Clark, 1993, p. 33). This phenomenon highlights the complex interplay between societal behavior and the inevitability of mortality.

As observed by Mulkey:

*The death sequence begins structurally [...] because retirement typically produces a significant reduction in the range of people's activity and because, as people are well aware, their removal from [...] social life is directly linked [...] to the increasing probability of their biological death (34).*

Several factors contribute to the isolation of the elderly. Social and economic disparities, primarily due to reliance on modest pensions and compounded by health issues, lead to a decline in mobility and a withdrawal from both work and familial interactions (Mulkey, as cited in Clark, 1993, p. 34). In Greater London during the 1970s, *only a quarter of the elderly received visitors more frequently than once a week, with one in six never receiving visits at all* (Mulkey, as cited in Clark, 1993, p. 35). The onset of retirement often marks the

beginning of diminished income and health, fostering isolation and reducing social engagement. This phenomenon underscores the broader concept of social death, where individuals experience a form of societal disappearance long before their biological death (Trias-Llimós et al., 2023).

In developed nations, elderly individuals are commonly placed in nursing homes when families are unable or unwilling to provide care. Those over 85 or requiring specialized care often enter such facilities, regarded as *transitional abodes* where survival is unlikely (Mulkey, as cited in Clark, 1993, p. 36). This admission frequently leads to fewer family visits, increasing isolation and fostering *anticipatory grief* in families (Blanchot, 1995).

The majority of deaths now occur in hospitals or hospices, with over 60% of people in England dying in hospitals, compared to only 8% in nursing homes (Mulkey, as cited in Clark, 1993, p. 36). This contrasts sharply with pre-modern times, when death typically occurred at home, surrounded by family. Modern medicine's focus on prolonging life has resulted in a more clinical approach to death, now largely managed in institutions (Youvan, 2024).

Modern society actively shields the public, especially children, from death, contrasting with pre-modern practices where death was a communal event, and family and friends assisted in preparing the dying (Aries, as cited in Metcalf & Huntington, 1993, p. 206). Today, terminally ill individuals are often kept unaware of their condition, depriving them of agency over their own deaths (Aries, as cited in Metcalf & Huntington, 1993, p. 207). This shift reflects the medicalization of death, framing it as a failure rather than a natural part of life (Prahasan, 2024).

The transition of death from the domestic realm to the clinical confines of the hospital constitutes a pivotal transformation in society's approach to mortality during the modern era. Aries (1976) astutely observes that this shift in physical location symbolizes:

*A new sentiment characteristic of modernity: one must avoid – no longer for the sake of the dying person, but for society's sake [...] the disturbance [...] and unbearable emotion caused by the ugliness of dying and by the [...] presence of death amid a happy life (p. 87).*



The evolution of hospitals has passed through several phases, from serving the indigent to becoming medical institutions focused on health restoration. In modernity, hospitals have primarily become sanctuaries for individuals when home-based care is no longer sufficient (Aries, 1976, p. 87). Aries (1976) notes that *death, in this context, is seen as a technical event, marked by the cessation of care – determined by medical professionals* (p. 88). This aligns with Bauman's reflections on the medicalization of death and modernity's reliance on scientific inquiry (Bauman, 1992).

However, modernity's control over nature has relegated death to a *scandalous secret* hidden from public discourse (Aries, 1976). Privatization of death has led to isolation, unease, and insecurity. The lengthening of life and improved hygiene have shifted death to hospitals, removing it from the public sphere and creating uncertainty about how to respond (Youvan, 2024). This shift is supported by Kwaśniewski (2023), who discusses how modern cultural dynamics emphasize the avoidance of death, further isolating individuals from confronting mortality directly (Kwaśniewski, 2023).

Communal frameworks for coping with death have eroded, making death a private and uncomfortable topic, leading to avoidance of the dying. Mellor (as quoted in Clark, 1993, p. 21) argues that death threatens self-identity in modernity, causing people to distance themselves from it for psychological stability. Elias (1992) similarly notes that death can undermine self-identity, leaving individuals to die in isolation (as quoted in Clark, 1993, p. 21). The privatization of death is seen not only as a societal withdrawal but also as a breakdown in the public frameworks that once provided meaning and structure to the experience of mortality. As Blazek (2000) argues, this process reveals the law's inability to effectively address the emotional and social dimensions of death (Blazek, 2000).

This duality – where death is absent from public view but ever-present in private life – renders it a menacing reality, threatening personal and societal order. Dying individuals face death alone in hospitals, often without the support of loved ones, who may feel ill-equipped or avoid them (Blanchot, 1995). This disconnection further reflects how the legal and cultural systems fail to provide adequate responses to mortality, leaving individuals to grapple with their own existential uncertainties.

Ontological security, the need for order in daily life, is essential in understanding societal responses to death. Giddens (as quoted in Mellor, 1993) posits that routines provide security, but death disrupts this, causing anxiety. Societies marginalize death to allow life to continue with purpose (Dumont & Foss, as quoted in Mellor, 1993). Kwaśniewski (2023) adds that the taboo surrounding death serves as a means of maintaining order in society, reflecting how cultural shifts have shaped the way death is treated (Kwaśniewski, 2023). Bauman (1992) further asserts that culture helps individuals construct meaning in a world devoid of it, offering life models that distract from mortality (Youvan, 2024). This marginalization of death aligns with Blazek's (2000) argument that death's legal and cultural boundaries are often blurred, making it both an uncomfortable and necessary topic for exploration in contemporary society (Blazek, 2000).

In contemporary Western culture, individualism dominates, with a focus on self-identity and personal achievements. Weber (as quoted in Mellor, 1993) highlights that modernity grants control over life at the cost of communal values. Mellor (1993) notes that this individual responsibility for meaning complicates the confrontation with death. Despite the focus on self-improvement, death in high modernity remains a disquieting specter, threatening personal meaning and societal order (Bauman, 1992). The tension between personal agency and societal constructs is further amplified by the ongoing marginalization of death, which, as shown in recent studies, affects not only our psychological frameworks but also our legal and social responses to mortality (Trias-Llimós et al., 2023).

## CONCLUSION

The specter of death, illuminated by the COVID-19 pandemic and modern warfare, has reignited a discourse on mortality in contemporary society. This analysis, framed by the intersections of ethics, law, and social philosophy, has revealed the multifaceted nature of death and the ways in which modernity confronts it. The pandemic, in particular, highlighted the resurgence of collective rituals and communal mourning, even in digital spaces, underscoring the enduring significance of shared rituals in navigating death. This resilience in the

face of adversity reflects humanity's adaptability in confronting mortality, despite the clinical and isolated nature of death in modern times. Yet, questions remain about the future of grief rituals and their role in a post-pandemic world. What does the resurgence of digital communal mourning signify? Can digital spaces effectively replace physical communities in offering emotional and psychological support during times of loss, or will this shift further entrench isolation?

The examination of mortality through the lens of modern warfare further complicates our understanding of death in the present age. Contemporary conflicts, as seen in the wars in Ukraine and Gaza, have blurred the boundaries between combatants and civilians, broadening the scope of mortality in war. The medicalization of death and its privatization, often in hospital settings, has distanced society from the communal experiences of death that once defined human culture. As Bauman (1992) and Aries (1976) observed, death has been relegated to the private sphere, stripping individuals of the agency and communal support that were once integral to the dying process. As the world continues to experience crises, such as war and global pandemics, it is essential to examine how such experiences may redefine our societal responses to death. The growing prevalence of death in media and daily life suggests that death is no longer a distant, hidden event, but a global reality. Each of us is confronted with death daily, whether through media coverage of wars, natural disasters, or the pandemic. The ease with which we encounter images of death has, to some extent, normalized our response to it. Yet, this normalization has not led to the reintegration of death into public discourse. Instead, it has created a complex duality in which death is simultaneously ubiquitous and still largely marginalized in conversations about life and death. How does the normalization of death in the media influence societal attitudes towards mortality, and does it have a desensitizing effect, or might it foster deeper reflection and societal transformation?

This exploration underscores the pressing need for a more candid and collective engagement with mortality. In modernity, death has become a skeleton in the closet, a taboo topic that disrupts ontological security. As Youvan (2024) suggests, the awareness of mortality can act as a powerful catalyst for creativity, reflection, and deeper engagement with life. The challenge lies in reintegrating death into public discourse, restoring its role as a collective experience rather

than a solitary one. We, as authors, believe that this reintegration is essential not only for a more complex understanding of life but also for redefining our relationship with death as a fundamental part of human existence.

Reintegrating death into public discourse requires fostering open discussions within ethical, legal, and social frameworks. This includes encouraging communal rituals that reconnect individuals with the process of dying, while ensuring that the legal and ethical dimensions of end-of-life care address the complexities of mortality. Law and ethics must play a crucial role in shaping policies that balance medical advancements with compassionate care, ensuring that death is not simply a medical event but a human experience. Furthermore, interdisciplinary discourse, drawing on philosophy, law, and social theory, can help society confront the realities of mortality with empathy and resilience. As we reflect on these challenges, it is clear that confronting mortality with openness and compassion affirms our collective humanity, offering a deeper and more profound understanding of life's ultimate certainty – death.

The complexities of modern mortality, as seen in both healthcare and warfare, demand a renewed commitment to shared narratives, ethical reflection, and communal engagement with death. By addressing the societal, ethical, and legal implications of mortality in a more open and collective manner, we can pave the way for a more compassionate and human-centered approach to the ultimate certainty that awaits us all.

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