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SILENCE AND TRUTH IN DEATH AND DYING

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Abstract—Since about 1960 a socio-medical literature has emerged which asserts the importance of truth in the dialogue between dying patient and medical attendant, at the same time the former regime of silence is condemned This paper argues against the implication that truth and silence are in opposition, and moreover that it is only since 1960 that it has been possible to speak the truth about death Rather what has changed is the nature of truth itself which is manifested in the shift from the interrogation of the corpse to that of the dying patient

Key words—death, dying, doctor–patient relationship

Over the last 20 years there has been a considerable literature on death and dying These writings have come from many disciplines, including psychology [1, 2], sociology [3, 4] and medicine [5, 6] but their constant theme has been the promotion of a new humanist regime of care for the dying It has fallen to the historian to put this new concern into some sort of context and perhaps the most comprehensive and celebrated account of the history of death is that of Aries who has documented the slow, almost imperceptible changes in social ritual surrounding death over the last thousand years [7] Aries concluded his history with the observation that in the middle of the 19th century a major change occurred in the social response to death which represented "a complete reversal of customs " This reversal involved "the beginning of the lie" in which the dying patient was no longer told their prognosis and "death is driven into secrecy" (p 562), it involved the medicalisation of death such that the dying were removed to the sanitised space of the hospital to conceal the new indecency of death, and it involved the privatisation of death through the rejection and elimination of ceremony, ritual and public mourning "Once, there were codes for all occasions," Aries argued, "codes for revealing to others feelings that were generally unexpressed, codes for courting, for giving birth, for dying, for consoling the bereaved These codes no longer exist They disappeared in the late 19th and 20th centuries" (p 579)

This apparent regime of silence and denial which began in the mid 19th century reached its greatest hold at the end of the 1950s, but then, almost as suddenly as it started, it would appear to have weakened, especially in the Anglo-Saxon world "A complete reversal of attutides has been taking place," Aries observed promoted by "a group of psychologists, sociologists and psychiatrtists who became aware of the pitiful situation of the dying and decided to defy the taboo" (p 589)

In Aries' history of death the hundred years between about 1850 and 1950 marks a curious interlude Without it, the history of death maps the slow and gentle evolution of the dialogue between society and death, but during that century there was only silence and denial What was this strange taboo which so effectively silenced speech for one hundred years? What power could so effectively suppress the truth which the dying and their attendants so passionately wished to speak?

SILENCE AND DISCOURSE

There are two grounds for challenging the argument that the discourse on death and dying was effectively silenced during the late 19th and first half of the 20th centuries The first is that it is mistaken Indeed since the mid 19th century there has probably been more thought, spoken, written and discussed about death than ever before The second, and more fundamental, is that it assumes silence is the negative side of discourse In the liberal view of power, thoughts will be freely spoken unless they are prevented or suppressed thus power is essentially something which forbids or negates or represses Such a view of power can be seen in Aries' observation that the inherent wish of the patient to speak was blocked by both the transfer of the dying man's bedroom from the home to the jurisdiction of medicine within the hospital and the complicity of the family and relatives with the medical regime of silence

Alternatively, power can be seen, following Foucault, as not simply something able to repress discourse but actually to produce it [8] In this schema "there is no binary division to be made between what one says and what one does not say Silence itself—the things one declines to say, or is forbidden to name, the discretion that is required between different speakers—is less the absolute limit of discourse, the other side from which it is separated by a strict boundary, than an element that functions alongside the things said, with them and in relation to them " (p 27) In this sense the regime of silence and its lifting in the last two decades is not to be seen as a manifestation of the operation of a repressive power which is recently banished, but of a productive power which at certain points produces silences and at others incitement to discourse What then would be the mechanism of power which at one point demanded silence and at another talk of liberation?

In the domain of silence which Aries claimed marked the medicalisation of death, the hospital became "the place of the solitary death the only

place where death is sure of escaping a visibility—or what remains of it—that is hereafter regarded as unsuitable or morbid" (p 571) Yet at precisely that moment in the 19th century when a curtain of silence and invisibility is supposed to have fallen around death, and when the beginning of 'the lie' between the dying patient and their entourage apparently signified the repudiation of truth, a massive new discourse arose within the domain of medicine and the government of populations In place of the tolling of the church bell, the religious procession carrying the Corpus Christi and the friends and relatives clustered around the bed in the darkened room there was a new ritual marked by the mundane completion of the death certificate which, far from removing death from visibility, subjected it to a new analysis of unprecedented penetration "It is in a way astonishing that, in the past, three pieces of paper measuring 7 inches by $8\frac{1}{2}$ inches should be the subject of such intensive study, wide interest, lengthy discussions, and voluminous supporting documents" [9]

Aries argued that a death early in the 19th century—in contrast to a later epoch—had been a 'public' affair But this could only be so for the immediate community who knew of it, to most others in fact it was invisible and silent Therefore the mid 19th century legal requirement that deaths should be recorded and centrally registered did not accord with Aries' view of the privatisation and concealment of death but represented its very opposite, a new public awareness of each and every death In the old regime knowledge of death was restricted to within earshot of the church bell beyond there was silence, in the new regime no death was to be unknown

Thus rather than see the late 19th and early 20th centuries as marking, in Aries' words, "the completion of the psychological mechanism that removed death from society, eliminated its character of public ceremony, and made it a private act" (p 575), it is important to recognise the emergence of a new way of speaking about death To be sure there was a change, but it was not the replacement of speech by silence, rather a reconfiguration of what could and could not be said Whereas before, discourse was in the hands of the "whispering neighbours, relatives and friends" who spoke quietly of the death [7, p 550] while the medical and administrative authorities were silent, after, the positions were reversed

The change in discourse marked a change in the social procedures surrounding death Death has always been surrounded by ritual it was so early in the 19th century and also later in the 19th century What changed was the locus of that ritual In the old regime the patterns of ceremony, speech and silence had existed in a context demarcated by the domestic, the family and the neighbour, in the new it was the administrative authorities, particularly in the form of medicine, which demanded the ritual of death certification and registration, and speech and/or silence from the protagonists involved The death of a body was thereby removed from its private domestic setting and exposed to a truly public visibility

The death certificate was the marker which enabled registration of death and the compilation of mortality statistics for particular periods and geographical areas But the certificate also demanded that death reveal a new secret under the heading of 'cause of death' The close entourage which surrounded the dying patient in the privacy of the shuttered room had been witnesses, analysing and crystallising the dying in terms of their lives and relationships With the cessation of this analysis and the advent of 'the lie', Aries maintained a silence fell around the bed of the dying patient But the new silence at the end of life was matched by a hubbub of voices after life, as clinicians, pathologists and coroners subjected the corpse to a detailed scrutiny to establish the true cause of death Medicine ushered in a new regime of investigation and analysis around the body which did not examine the familial bonds of the dead for a mirror to the truth of life, but instead the internal organs of the body itself where both the core of life and death reposed Far from a lie governing the management of death a meticulous search for truth invested the body of the dead

If the earlier epoch was more concerned with dying than with death it was because truth was to be located before the moment of death, in the words of the dying and their attendants In the new regime truth might be inferred in the dying by the skilled clinician, but was only certainly revealed in the analysis of the corpse Attention to the process of dying therefore gave way to a preoccupation with the dead

The extension of public surveillance over the dead in the mid 19th century involved certification and registration of the death But the corpse did not then fade into invisibility, nor did voices become muted Instead, between the mid 19th century and its close there was an increasingly vocal discourse on 'the disposal of the dead' There was great medical, legislative and public interest in the proper management of the corpse rules for the maximum time the body could be kept in the home, on the position of cemeteries, the height of their walls, the outlook of the land and type of soil, the depth of burial, distance between plots and length of time to be allowed before a plot could be disturbed, and so on [10]

The old regime had its own discourse on death which expressed its own truth It was not a discourse which continued by going 'underground' for one hundred years of silence only to emerge with the liberation of the 1960s, it was in fact a discourse which ceased in the middle of the 19th century and with it the truth it enunciated and the reality it sustained the new regime of truth broke fundamentally with the old The old involved a relatively private analysis of the life of the dying in some now half-forgotten way, the new involved a public reckoning and scrutiny of the body of the deceased for the biological cause of death The old allowed the body to be dumped with 'general indifference' into the earth [7, p 498], while the new closely regulated, with elaborate rules, the progression of the newly dead from the world of the living to the world of nature

The analysable body which emerged early in the 19th century—and which finds echoes in other major institutional and discursive shifts of the period [11]—was clearly a discrete biological object as evidenced by the search for truth in the form of the physical pathology as cause of death And it was also a body quite separate from the natural world which

surrounded it, as is shown by the elaborate rituals which governed its passage between the world of living bodies and nature The corpse which crossed the boundary was potentially polluted It could lie in the home too long giving off noxious and hazardous fumes, its emanations could only be contained if buried at sufficient depth at sufficient distance from human habitation and if left undisturbed for a fixed number of years

Aries suggested that he detected "a return of the hideous images of the era of the macabre" when death "turns the stomach like any nauseating spectacle" together with the impropriety of "the biological acts of man, the secretions of the human body the smells of sweat, urine and gangrene" (p 569) But Aries failed to hear the clamour of a new discourse which fashioned the existence of the individual body through the ritual management and public sanitation of its interior and boundaries

THE SECRET AND THE LIE

Aries claimed that withholding the prognosis of imminent death from the patient was the lie which dominated the analysis of death for a hundred years between the mid 19th and 20th centuries But a lie only exists in relationship to a regime of truth which enables it to be identified So instead of using Aries' tactic of damning an earlier epoch from the perspective of the present for silencing the truth, it surely would be more useful to establish whether, just a few years ago, what is now a lie was then not so

There are several stages to the transformation of one regime of truth into another First there is the recognition that silence can be construed as a lie, then there is the defence of the lie as a form of truth, and finally as the boundary between lying and truth-telling is redrawn the lie is revealed as truly a lie Aries identified the lie as originating in the 19th century, but that is a retrospective judgement The lie only became clearly identifiable in the 1950s when a new discourse arose on the question of whether or not to tell the patient of the imminence of death [12] Such arguments mark the beginning of the moment of transition, the moment when one regime of truth begins to be destabilised and the next is not yet established When it is debated whether truth is to tell or not to tell then clearly truth has no precision, and when it is unclear whether truth demanded certain words or others then the boundary which delineates the lie had not yet been established There is a point—as was claimed in 1966 in defence of a policy of silence—when "the liar is one who tells the truth" [quoted in 7, p 588]

The reconfiguration of the boundary between the truth and the lie can most clearly be seen in the discovery of the secret A secret represents the truth which cannot be told To keep death a secret was justifiable because patients inevitably feared death and relied on the hope which the secret gave them "optimism is the greatest analgesic Hope is the most certain tranquiliser" [13, p 591] It gave the patient no benefit to be told that they were dying [14] The secret could not be spoken as that would destroy it, but neither was it a lie Indeed the secret could, in mysterious ways, pass between doctor and patient without speech "Only by an understanding look or a long squeeze of the hand is the secret that might be unendurable sometimes communicated" [13, p 591]

Defence or justification of the lie as the secret rested on the existence or not of the patient's perceived wish or right to know Thus between, say, an observation in 1957 that "as a rule patients do not ask, or if they do they do not want the truth, but were only seeking to be reassured" [13, p 591], one in 1959 that "the patient might be 'told' but not if it might induce psychopathology" or destroy hope [15], and one in 1963 that "most patients wish to talk of their situation and they usually experience relief when given the opportunity of a frank discussion" [16, p 927] lies a great discontinuity as one discourse replaces another

As the regime of truth changed in the late 1950s and early 1960s so the secret became "the most dreadful question of all" [17] Then it was exposed as the lie Death was now seen as being surrounded by a 'conspiracy of silence' [18] The encounter between doctor and patient could take various forms, each dominated by secrets and silence there was 'closed awareness' in which the medical attendants chose not to tell the secret, 'suspected awareness' in which the patient had a hint of the truth, and 'mutual pretence' in which both parties knew but both chose to remain silent [19] Death was 'unmentionable' [20]

At first, in some curious way, silence was both a conspiracy and yet desired by both parties as doctors did not want to speak of death as it was 'distressing, embarrassing, distasteful' and patients did not want "their worst feares confirmed" [18, p 5] At the moment of transition between the old and new regimes it was only possible to advise with confidence that it was "quite in order to discuss death at the bedside in retrospect when recovery from danger had set in" [18, p 5]—in other words when death was neither a secret nor a lie

The secret was a bond between physician and patient which precluded its discussion If the secret was to be tentatively explored it could only be in marginal places Thus while it was forbidden to speak to the dying it was possible to ask the mentally ill about their attitude to death [21–23] because their distorted understanding precluded knowledge of the secret Next in line to join the discourse on death was the patient's family whose wishes had to be established [24] Then the medical management of dying required the family's view of death to be articulated, explored and discussed [25] Finally as the secret was transformed into the lie it became time to involve the patient Feifel added 85 'normals' to his sample of 85 mentally ill and 40 'older' people when he asked "What does death mean to you?" [26] At first the lie had been sustained by hope, then by patients' fear, which in its turn was reinterpreted as distress produced by the same lie [5] From silence to speech, discourse generated a new imperative "The greatest need is for a listener who will try to understand and help to relieve the patient's sense of loneliness and deprivation" [16, p 927] Anticipatory grief, "customarily applied primarily to prospective survivors, may be applied to the prospective deceased as well" [27, p 331]

The notion of anticipatory grief was the key

expression of the new regime of truth Since the beginning of recorded time relatives and friends had mourned at death, now in a great reversal the chief mourners became the dying themselves Thereafter truth was embodied in the words of the dying patient as the secret was broken and the confession enacted

It is inappropriate to see the change in terms of a scenario which holds that before the doctor had withheld information ('the lie') and now told it ('the truth') Truth is not to be reduced to the veracity of a verbal statement Indeed it was increasingly rare for the doctor to 'tell' the patient Telling assumed the patient could hear and the doctor 'knew', but it was less a question of what is said than how one goes about speaking [5] With encouragement and interogation the patient came to realise and admit to their own deaths

The new speech of the patient was not a return to the regime before silence fell Unlike the dialogue which preceded the 'hundred year silence' the new discourse was not between the dying and their friends and relatives but between the dying and "a doctor, nurse, almoner or chaplain" [16, p 927] Moreover, while, as of old, the domestic setting may have been the most conducive to encourage the patient to speech, this could be reproduced in the informal yet medicalised space of the hospice [28] And the mechanism for transmission of the secret did not rely on lay relationships nor for that matter on the understanding look or the squeeze of the hand, but on the complex techniques of counselling through which the secret was shared

Recognition of the 'stages of dying' [6] ensured that whatever the mental state of the patient, whatever their points of resistance in terms of denial, withdrawal, anger, etc, they would in time be guided to realise and share the secret of death Denial moved from being an attribute of the secret to a "manifestation of the therapeutic gyroscope of the psyche" [29] Patient denial demanded neither challenge nor complicity but investigation, a discourse on a diagnosis of not wanting to known [30] The death-bed confession of the sinner and the guilty, for so long a ritual purification of the soul by the church or a melodramatic device in cheap literature, became, within a few years, the governing regime of a whole population as innocent and guilty alike had the truth exacted and the confession heard

THE BIOLOGY OF DEATH

From the middle of the 19th century the chief medical ritual surrounding death had been the completion and processing of the death certificate Every death required the writing of a document by a medical practitioner as to the identity of the dead and the cause of their death Certificates were completed as an everyday routine, they were then forwarded to a central office where they were collated and analysed and the results published as mortality statistics Such statistics assumed greater and greater importance, not only in the numbers they reported—which conveyed the numerical changes in the population—but also in their breakdown by cause of death Cause of death gave the clue as to the major diseases of life where clinical medicine had analysed the distributions of disease within the individual patient's body, the compilation of mortality statistics enabled the plotting of the distributions and incidences of diseases in an entire population Moroever, mortality statistics acted as a point of articulation for various shifts in perception of the nature of bodies, health and populations [31], for example, as an index of the standard of healthy living of the population, or an assessment of the effectiveness of medical intervention and of health care provision But this is not to say the production both the death certificate and mortality statistics, though routinised, was entirely unproblematic

It was known, for instance, that many medical practitioners used outmoded or inappropriate terms to describe cause of death Also the classification system itself, which organised the individual death certificates, was subject to decennial international revision as it strove for greater accuracy But perhaps of greatest difficulty was the handling of multiple causes of death This latter problem had first emerged at the beginning of the 20th century when the statistical notion of correlation began to replace causality A cause was localisable to a specific point in the human tissues, a correlation was more a mathematical abstraction which made it possible "to go on increasing the number of contributory causes" [32, p 1377]

Numerous revisions of the format of death certificates occurred during the early decades of the 20th century, each one attempting to capture the distinctiveness of primary and secondary, immediate and distal, contributory and non-contributory causes of death Which 'cause' actually brought about death? Which 'cause' was clinically significant? Various rules and routines were devised to enable classification coders to assign the more appropriate cause, with often confusing results, so that eventually it was left to the certifying doctor In effect, while the ritual of the death certificate was refined during the 19th century so that it might more accurately express the cause of death, by the late inter-war years of the 20th century the certainty that the death certificate and mortality statistics spoke the truth began to crumble By the 1950s it had becomed clearly "a false proposition that each death is a response to a single cause Efforts in recent years to solve the problems of tabulation and interpretation of assignment of multiple causes represent an attack on a basic problem and clearly indicate that causation of death is not considered singular" [32, p 1376] With multicausality death became dissipated over a thousand cuts

The crisis of confidence in the traditional objectivity of the death certificate was also apparent in the debate concerning the accuracy of cause of death recorded on the certificate There had been challenges to the accuracy of death certificates earlier in the century but these concerned primarily the over-recording or under-recording of certain diseases as doctor's diagnostic practices failed to keep pace with changes in the nomenclature and classification of disease In the 1950s and 1960s however the overall accuracy of death certification came increasingly into debate

For one hundred years the autopsy had been the

temple of truth There, laid out in the depths of the corpse, was the cause of death for all to see The existence of the lesion which caused the death had in most cases already been inferred by the attending clinician and the autopsy, when it was held, was merely confirmation of the diagnosis Yet a variety of studies in the 1950s showed large discrepancies between the diagnoses of clinicians at the bedside of the dying and of the pathologist at the autopsy, sufficient at least "to show the need for care in the interpretation of mortality data and the difficulties of arriving at an accurate diagnosis of cause of death" [33, p 733]

Suddenly mortality, from representing the certain anchorage of medical practice, began to look uncertain Mortality statistics had been "hard but several studies have shown how inaccurate the actual entries on death certificates often are" [34, p 1072] What had been an unquestioned assumption became problematic "Until recently the epidemiological literature has contained many analyses of recorded mortality data but little concerning their reliability" [35, p 15]

Furthermore even the solid referrent of the autopsy was in doubt What value 'cardiac arrest' as a cause of death when it was "how all of us will leave the world whatever the real cause of our death" [36, p 1065] "In what proportion of cases do we really know the cause of death? In a very large proportion of necropsies some anatomical lesion is found, but assessing its importance is more a matter of philosophy than fact" [37, p 740]

Consistency in certification between clinician and pathologist—traditionally the bench-mark of validity—was only to a very minor degree a test of accuracy of diagnosis, reflecting more on consensus "It is biased in favour of a persistent diagnosis" [37, p 740] Death records simply represented "the relative ease with which we can secure unanimity of agreement in selecting one item out of a causal system as being the important one for the purpose in view" [32, p 1378] In the past the death certificate and the mortality statistic had represented immutable fact, the truth of death and disease, in the 1950s and 1960s they began to express a different sort of truth

Death had been the concern of the pathologist, but he began to lose his hold "We are mistaken to consider death as a purely biologic event" [26, p 128] On the one hand the pathologist's analysis of death was criticised for failing to represent accurately the biological reality of death, but in addition it was also charged that at least for certain categories of death, particularly suicide, the death certificate should record non-biological data such as the intention of the decedent This would require enquiries of the immediate family and friends about the patient's mental state prior to death, a sort of "psychological autopsy A total autopsy ought to include the services of the behavioural scientist, psychologist, psychiatrist, sociologist social worker" [29, p 248] Moreover euthanasia which, since early in the 20th century, had been a procedure advocated by others for those who were in some way sub-human, became in 'voluntary euthanasia a component of the discourse which gave the patient the right to speech and a claim thereby to be human [38]

Thus in the immediate two post-war decades death certificates and mortality records moved from being the hard bed-rock of medicine to being a combination of subjective impression, arbitrary rule and professional consensus Death certificates no longer spoke a biological truth about the body, they "are not primarily intended for epidemiological research—they are an important legal and social requirement" [36, p 1065] Death certificates should, in principle, have helped to define the problem of morbidity but "certainly no statistician worthy of his salt is going to accept even the best mortality records as other than a grossly biased sample of morbidity conditions in a total community" [32, p 1376] Contemporary interest in measuring morbidity more directly, together with increasing focus on those illnesses, particularly chronic, which had not produced a mortality statistic, further illustrates the shift in medical perception

The debate concerning the validity of death certificates and mortality statistics and the capricious way they reconstructed death, was entirely separate from the changes in the management of the dying patient Yet these two shifts occurred in parallel—and in the mid 19th century they both had been complementary components of the same discourse Surely they were but two sides of the same coin, two aspects of a reconstruction of truth through the formation of a novel discourse It is not a question of establishing the biographical links between those who spoke at different points in different settings in different registers, nor the flow of ideas which informed their words, nor the object which generated two types of discourse Truth and its accompanying discourse generates the very phenomena—people, ideas, objects—which will become the focus of its analysis

ANALYTIC SPACE

It is necessary to be nominalist about death Death is not a thing or event existing independently of human consciousness, it is simply the word given to a certain threshold, interface, space or point of separation Discourse establishes by its analyses and interrogations a conceptual or cognitive space in which is crystallised objects, events, identities

In the mid 19th century the analytic space on which discourse focussed was established as the biological realm of the human body It was the body which had to be scrutinised for the secrets of death, the body which had to be sanitised and guarded to prevent death from contaminating the living, it was the body which had to be made a public object through the compilation of statistics on its birth, death and cause of departure This biological space was the repository of truth, beyond there was nothing and therefore no need to expend talk on spaces such as that between the dying and their entourage At that moment the disciplinary power which underpinned and was manifested by the new discourse on death fabricated the analysable human body and silenced the dying

About 1960 the diagram of power was rearranged The human body was no longer the dominant space of truth which required analysis and interrogation The cause of death was fragmented, each sign, each finding deep in the body which previously had spoken

the truth about the cause of death was now of ambiguous meaning The death of the body could no longer be analysed as a singular event in which truth was captured Death was a temporal trajectory of dying [39] Psychologically death was a process the dying negotiated stages, the old might suffer predeath [40] Biologically, death dispersed Interrogation of the body led to somatic death, organ death, molecular death, etc, indeed there were as many deaths as tissues and cells From the early 1960s when the flat electroencephalogram which was held to mark brain death came to dominate analysis of the moment of death [41], the time of death became a matter for debate For the international Declaration of Sydney made in 1968, irreversibility of the processes leading to death was identified as the key event [42] Taken further this meant that death now encompassed life dying was a "long-drawn-out process that begins when life itself begins and is not completed in any given organism until the last cell ceases to convert energy" [43, p 695] Death and life had become coterminous, dying had become a sort of living [44, 45] Biological death had become more the province of the medical ethicist than of the clinician as a new philosophical analysis arose to usurp the domain of the pathologist

It was not that the discourse which had enmeshed the body became silent it simply addressed another space In part this new space was one in which biology was no longer constituted by fixed structures of pathology but by the constantly shifting processes of life Yet this discourse, particularly in the hands of the medical ethicist, also turned away from the body to focus on the expert—the clinician, the pathologist—who spoke The problem of inaccurate or unidentifiable death became a problem for those who created the inaccuracy or were unable to identify the moment of death The secret of death and the truth of life no longer resided with such assuredness in the depths of the body, the court of judgement demanded less the body as evidence and more the person as witness Thus the new discipline of medical ethics took over the medical analysis of death and required the confession of the clinician while the new discourse on dying encouraged the dying *qua* subject to speak For one hundred years it had been the body which spoke, now it was the subject identity It is therefore not surprising that during the 20th century cremation replaced the elaborate sanitary rituals of interment for disposal of the dead

For Aries the image of the dying surrounded by a tangle of tubes was the means "to galvanise a sensibility that has long been paralysed" (p 593) Yet at the moment that people are meant to be "questioning the unconditional benevolence of this power" which medicalises death they are yielding to a more penetrating power of medical interrogation This new power involves the ability to speak of things which before had not demanded speech and to allow silence a new place in discourse "those who have the strength and love to sit with a dying patient in the *silence that goes beyond words* will know that this moment is neither frightening nor painful" (emphasis in original) [6, p 321]

Aries identified a conspiracy of silence surrounding death in the figure of the doctor he sought to establish the identity of the conspirators and in the human scientist the humanist who solves the mystery and liberates death But Aries failed to see the conspiracy was wider than he imagined, and that he was a part of it Aries wrote about death during the 1970s and 1980s, his texts, then, belong to the same discourse he wishes to reveal as he joins with those who condemn silence and demand a confession from the dying patient Aries, in effect, celebrates and justifies the new regime of truth which surrounds death Discourse, in its inimical link with power, can never lie outside of itself, a stricture which also applies to this piece of text, a text which locates death in a different prison

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