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AN EPISTEMOLOGICAL PROBING INTO THE STATE AND NATURE OF DEATH

Introduction

Although the concept of death in the discipline of philosophy is metaphysical and is fundamentally discussed as such, this study diverges from this popular engagement to epistemological inquiry. The study is an epistemological reflection on the state and nature of death. Epistemology is the study of the nature, sources and limit of knowledge. Its study concerns what we can know, how we know them and the justification of this knowledge. In a classical epistemological account, for **A** to know that **p**, then **p** must be true, **A** must believe **p** and must have reason(s) or justification(s) for believing **p**. With such an epistemological habit as a guide, this study inquires into the state under which people are certified dead. In doing this, it inquires critically into methods or criteria that are used to justify death state and thus certify people dead. It raises doubts whether we can know for sure that someone is dead and how we claim to know it.

Fundamentally, death is an event which must occur in one's life without waiver. But the point at which someone is said to be exactly dead and the parameters to know it has not been definite in the history of mankind. Hence, claims to knowledge about death state and how to certify that a person is dead are epistemologically suspicious. "The primary concern of most philosophers who have dealt with the question of death has been to discover ways in which we may mitigate or overcome the fear it tends to inspire" (Olson, 2006: 650).

Some other works which tend to have philosophical rigor are bereft of epistemological nitty-gritty. Here, a rigorous epistemological attempt will be made on the subject to ascertain possible in-dept knowledge of death state by inquiring into how or whether we know for certain that a person is dead and some actual ways people are eventually put to death.

Ascertaining the state of Death

Most thinkers are perplexed with the criteria to determine that a person is dead. In past eras, human death was much easier to define than it is now. In such eras, death is said to occur at the point when vital physical functions cease, that is, when our heart or lungs stopped working. (End of Life Care, 2005: 7). Jeff McMahan puts it similarly that "[f]or most of human history, there was no perceived problem in determining whether a person was alive or dead. If the person had stopped breathing and had no heartbeat, he was considered dead" (McMahan 2009: 286). A.M. Capron argues that "[s]ometimes our brain stopped before our heart and lungs did, sometimes after. But the cessation of these vital organs occurred close together in time" (Capron, 1995: 536; End of Life Care, 2005: 7). "During the twentieth century, however, techniques were developed that made it possible to resuscitate some people who had stopped breathing and whose heart had stopped beating" (McMahan 2009 286). With such "advances in life support, the line between who is alive and who is dead has become blurred" (Capron, 1995: 536; End of Life Care, 2005: 7) and complicated. Since these life support technologies introduced produces a new kind of patient, whose brain does not function, but whose heart and lungs continue to work, there is the need to define death, and correctly, in order to be able to declare a person physically and legally dead (End of Life Care, 2005: 7). "The *Uniform Determination of Death Act* (UDDA), written by the President's Commission on Bioethics in 1981, confronts the complexities concerning the declaration of death". This "Commission determined that a uniform death policy would help eliminate confusion and also address problems associated with removing life support and organ donation" (End of Life Care, 2005: 7). The UDDA specifically states that "[a]n individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all the functions of the entire brain, including the brain stem, is dead."

This means that a person can be declared dead when *either* the heart and lungs *or* the brain and brain stem stop functioning permanently (End of Life Care, 2005: 8; Guidelines for the determination of death, 1981: 2184-2186). "The phrase "brain death" means that a person's brain is not working and can never work again.... Doctors can determine brain death, or declare a person brain dead", by examining electrical activity, blood flow and clinical brain function (TransWeb website: Accessed 31-10-2003). The absence of electrical activity in the brain, or blood flow to the brain, of involuntary reflexes (include breathing and the pupil of the eye constricting in response to a bright light) are indicators to declaring a person brain dead.

Some concerns here are: How do we know for sure that a person's brain can never work again? Is it not possible that absence of clinical brain function is determined in error or incompetence or due to malice to get the patient's stress off the doctor's neck? Rick Fairbanks and Charles Taliaferro, among other scholars, corroborate this criteria controversy. They write that in recent decades death has garnered considerable philosophical attention in medical ethics, value theory, and metaphysics. According to them, the interest in medical ethics centers on determining the criterion of death. "The most common criterion for the death of human beings is irreversible loss of consciousness, but this postulate remains controversial for those who see humans principally as animals rather than as conscious beings. A human animal may be said to be alive even if he or she is not conscious" (Fairbanks and Taliaferro, 2005: 653).

To expatiate on the dilemma concerning respiratory criterion mentioned just a while, the development of respirators introduced to hospitals has made the determination of death more complex.

> Respirators could save many lives, but not all those whose hearts kept beating ever recovered any other significant functions. In some cases, their brains had ceased to function altogether. The realization that such patients could be a source of organs for transplantation led to the setting up of the Harvard Brain Death Committee, and to its subsequent recommendation that the absence of all "discernible central nervous system activity" should be "a new criterion for death" (Kuhse and Singer, 2009: 8).

According to Helga Kuhse and Peter Singer, this recommendation has subsequently been adopted with some modifications almost everywhere. Never-

theless, the availability of respirators and other powerful life-extending technology make the questions raised about the time when a patient should be declared dead (Kuhse and Singer. 2009: 8) to persist. Jeff McMahan writes that

> [w]ith the invention of mechanical ventilation, oxygen could be forced in and out of the lungs of people unable to breathe on their own, and in many cases this has been sufficient to stimulate the person's heart to beat and thus to maintain the functioning of the body as a whole for an indefinite period, even in the absence of any indications of consciousness. At the same time that increasing numbers of mechanically ventilated but unconscious patients began to divert medical resources away from people who could have benefited from them more, there was also a growing demand for organs for newly developed transplant surgeries. These conditions prompted a debate in medical circles about how to determine when a patient had died and could thus be removed from expensive life-support systems, thereby making both the support systems and the patient's organs available to others. This debate resulted in a surprisingly abrupt transition from universal acceptance of the traditional cardio-pulmonary criterion of death to near-universal acceptance of brain death (McMahan, 2009, 286).

There is a dilemma here, concerning whether to make these ventilators available to those critically ill or to disengage them and make them available to those believed to need them most and then also harvest their organs for those to whom they will be useful. This raises a new conception as to when people should be disengaged and declared dead. These complications and the ensuing arguments show that there seems to be no sure way (criterion or criteria) to know that a person is really death. From these arguments, it seems clear that the declaration of death is determined not by inherent criteria, but by extraneous factors. It is subject to the whims and caprices of variegated and controversial interpretative community.

It is important to ask at this point: what is this "brain death" that has constituted this near universal acceptance of death? "Brain death is understood as the irreversible cessation of functioning in the brain as a whole" (McMahan, 2009: 286). "Although there is a strong consensus throughout the world in both medicine and law that brain death is death, that view has been and continues to be vigorously contested by some philosophers and a few sceptics within the medical community" (McMahan, 2009: 286; Singer1994; Shewmon 1998).

For example, Jeff McMahan counters the existing notion of brain death as sufficient criterion of death. He argues that "if, as some early advocates of brain death seemed to suggest, the capacity for consciousness is essential to our existence, it follows that a person who lapses into a genuine persistent vegetative state, in which there is no longer any possibility of consciousness, thereby ceases to exist". According to him, "[s]ome bioethical theorists have embraced that implication. Some have argued that because the capacity for consciousness is localized in the upper regions of the brain, the proper criterion of death is not brain death but a "higher brain" criterion, such as the death of the cerebral cortex ("cortical death")" (McMahan, 2009: 286-288). According to Jeff McMahan, "proposals for higher brain criteria have never been widely accepted; for they imply that a persistently vegetative patient whose body remains systematically functional with little support other than nutrition and hydration is biologically dead. And that seems obviously false... a person may irreversibly lose the capacity for consciousness without being brain dead" (McMahan, 2009: 288-289).

What these forgoing arguments portend is that there have not been any uniform or specific criteria to determine when a person is dead. The implication of this is that people are declared dead not because they are really dead but by the criteria recommended or determined by interpretative community. It is thus clear that no conception so far suffices to establish death state. Due to these irresolvable controversies, one may really be perplexed about the uncertainty surrounding what it really means to be dead. The knowledge of the actual state of death is unassailably important because it would be grievously wrong and painful to bury a living person in error, who is only supposedly thought to be dead, or dispose him or her in any other way (Airoboman, 2013, 157). Those who are in the state of *near death experience* would have suffered grievously from this and other forms of death by error. Felix Airoboman argues that when it appears that death grips a person and eventually leaves him, and he gains consciousness or bounces back to life, in reality, death did not leave him. What it means is that it did not occur. Once it occurs, it is irreversible (Airoboman, 2013, 158). The attempts made so far to fathom the actual state of death reveal only insufficient criterion or criteria of death state.

Epistemic Predicament Regarding Certification of Death

There is epistemological dilemma regarding our understanding of death state and of declaring people dead. It is the dilemma of epistemic access to actual death condition. Epistemologically speaking, and as the preceding session shows, we are handicapped concerning the actual state under which a person is really dead and can thus be certified dead. There are instances where people certified dead wake up thereafter. This means they were not dead *ab initio.* Some others not so lucky suffer instances of death by mortuary, death by organ harvest and death in the coffin and grave, and so on. The analogy of wrong diagnosis complicates the correct certification of death and the understanding of the actual state of death; it lays credence to the various forms of death declaration in error and the eventual killing of living people by these various, existing forms of handling dead people. We begin detail analyses of these problems and errors with an analogy of wrong diagnoses.

Analogy of wrong Diagnoses: As experience has shown, some people who are discharged against medical advice do get well. Some other people who have been diagnosed of non-existing ailments do have wrong medications administered on them or wrong surgery carried out (Adigun, et. al. 2014: 16-25). For some others, the actual pathological diseases are only discovered through autopsy after death. Some women whose products of conception have been certified males are delivered of baby girls, *vice versa.* Single confirmed pregnancies have been delivered of multiple babies, *vice versa*. In these and many other cases, what one hospital or clinic certified, another possibly contradicts. Since this is the case in terms of diagnostic errors, then the certification of death state by the same group of people and other who are even less competent will not be error free. Accordingly, we may not be justified in having unassailable confidence about their pronouncement of death. What this argument tends to establish is that these diagnostic errors can also lapse into certification of death state; and so, we cannot be so certain that when people are certified dead by these same practitioners or other people, that they are actually dead. This is because the infelicities of medical practice must certainly slope into death confirmation.

In ascertaining the knowledge of death from the application of classical epistemological account, **A** may believe **P,** and may have reason(s) or justification(s) for believing **P**, but **P** may not be true. Therefore **A** does not know that **P**. A doctor or any other person may believe that a person is dead with some

reasons but it will not be true that the person is dead. This is because, as previous section indicates, we do not know what constitute the sufficient condition(s) of death state for certifying people dead. As counter experiences have shown, and to the extent of knowledge development in medical science and technology today, we can only say that there are necessary condition(s) but not sufficient condition(s). Therefore, epistemologically, we can only lay claim to knowledge of necessary conditions and not sufficient conditions. It is not improbable that this condition (necessary and sufficient), which separates life and death may only be one and not many. From the foregoing argument, we can say that as at today, death certification is only a matter of conjecture and not of certainty. So there is the as yet insurmountable problem or limitation of epistemic access to actual state of death.

There are some other grounds that pave way for this virile sceptical challenge. On the one hand, prior to present scientific innovations and invention in medicine, we cannot say for sure that all those who were declared dead in the absence of these innovations were actually dead. And if they were still absent today, many who now benefit from them would be declared dead and then buried or disposed as deceased whereas they are actually alive. On the other hand, our absolute trust in the use of scientific equipment for determining death state is also problematic. The fact that these determining methods can, and have actually been improved upon show that they are not safe proof and that they have actually been used and are still being used in some cases to determine death in error. The technologies used today are subject to improvement tomorrow. If this is the case, how can we be sure and why should we trust that what it determines today is not in error? These puzzles necessitate cautions so that we would not determine those who are otherwise alive dead given the fact of the uniqueness and irreplaceability of the individuals and of the irrepeatable nature of life.

The determination of death in whatever form with any criterion or set of criteria, must be exercised with caution. Criticality and sufficient consideration need to be exercised especially as the doctor or any other determiner can be in error including the error of incompetence. Just as people are wrongly diagnosed and thus given wrong medications, in the same way, people can be wrongly confirmed dead due to error or incompetence. When this happens, such people can either be buried or taken to the mortuary or have their organs harvested - acts which would now be the actual cause of death of such people.

Death by the Mortuary: "Death by the mortuary" is one of the dilemmas regarding wrong certification of death. In a chapter titled "Death by the Mortuary" in his work, Moses Makinde raises issues which stimulate philosophical pondering on when someone is actually dead and on putting people who are not factually dead in mortuary or killing people who are not factually dead by mortuary. Moses Makinde's concept of "death by the mortuary" is a challenge to the criteria used to confirm people dead, the supposed knowledge claim about death state and a call to exercise caution so that we would not be burying people alive who are only mistakenly thought dead. This concept of "death by the mortuary" arose from his "experience, observation and reflection on the haste by which the dead and the supposedly dead are sent to the mortuary" (Makinde, 2010: 415). Makinde notes that this situation is as worrisome as the problem of euthanasia. According to him, "[e]very human being has the right to live, and life is preferable to death on earth. From these two statements, the fundamental principles of medicine must be the preservation and elongation of life rather than its termination" (Makinde, 2010: 415). Makinde surmises that "nobody can say, with absolute finality or accuracy when the life of man comes to an end" (Makinde, 2010: 416). According to him, while Euthanasia allows, death by the mortuary makes "people to die when their lives may not have come to an end - absolute end" (Makinde, 2010: 417). This indicates that death by the mortuary is another kind of killing different from euthanasia. While "euthanasia" has been labeled mercy killing (no matter what that means), "death by the mortuary" can be labeled careless, ignorant, unwarranted, hurried and unmerciful killing as the case may be.

Before a supposed corpse is rushed to mortuary, it is germane to ask: "at what point in time does death occur in the life of a person? At present there is an insurmountable confusion about when the life of a person comes to an absolute end. This confusion arises precisely because there is no physiological index by which we could come to an irreversible conclusion about the end to a human life" (Makinde, 2010: 417). According to Makinde, people may construe death as

> the end of all physiological activities, the cessation of the functions of all the vital organs, and an irreversible translation of man from this world to the world beyond – known as heaven or hell. In the medical sense, a patient may be pronounced dead (clinically dead) at the cessation of the vital activities or functioning of vital signs of life like the cessation of breathing or stoppage of respiratory activity, heart

> beat or pulse, observation of fixed or dilated pupils and stiffening of limbs (Makinde, 2010: 417).

Makinde contends that "death never occurs by installment, or in a period of time… it occurs in an instant moment, so infinitesimal that human beings are not in a position to experience it, just as they were not in a position to experience their births. To die by installment or in a period of time is to say that one experiences one's death". According to Makinde, "this is absolutely impossible" (Makinde, 2010: 417).

Makinde therefore expresses concern over the incidents of tucking people, dead or alive, away in the mortuary. His worry was about those who are not really dead because they still have life in them. "[M]any people have been pronounced clinically dead who later bounced back to life" (Makinde, 2010: 418). Although Makinde tends to see brain condition as more reliable than clinically dead condition, we cannot say brain death certification is without error. Jeff McMahan argues this point earlier. Not only that growth in medical knowledge may reveal its gross inefficiency later, there is the problem of the incompetence or error of the doctor and other declaring agent to wrongly declare a person brain dead. The fact that there are occurrences of people waking up sometimes after being confirmed dead "shows that it is not in all cases when death is confirmed and pronounced that death actually occurs" (Makinde, 2010: 418). If they wake up, it means death never occur since logically speaking, no one can be dead and alive at the same time. For this reason, Makinde pleads for an exercise of caution in dispatching people thought dead to the mortuary in haste. He argues that an exercise of caution suggests "an exercise of reasonable delay in putting (*supposed – mine)* "dead" people in the mortuary where they will finally die just in case they have not died before they were dumped in the mortuary" (Makinde, 2010: 418). He puts it that a person who is clinically declared dead may have his organs resuscitated and wake up later if he is not brain dead.

As part of his contention and citation of specific examples, Makinde writes that "[i]n Nigeria… people were rushed to the mortuary as soon as they are pronounced clinically dead. But there had been cases where people who were on their ways to the mortuary were seen to have woken up from "death" and spring back to life again" (Makinde, 2010: 419). Makinde states the case of a woman well known to him who was reported to have died in a motor accident. Makinde explains that because there was no more space in the mortuary, she was kept on

the floor over the night. When the mortuary attendants resume work the following morning, they found the supposed dead woman sitting on the floor with her eyes wide open. On Sunday the 22nd of May, 2016, Edo Broadcasting service aired on her television Comprehensive News (between 8.00pm - 8.30pm), the case of Mr Osagie, who did thanksgiving in Holy Infant Jesus Catholic Church in Benin City, Nigeria. The reason for this thanksgiving is that Mr Osagie was confirmed dead but woke up while being taken to the mortuary. Alban Ahunanya also relates to the writer of this work on the 16th of May, 2016, the incidence of a lady[1] who fell into a gutter on the 7th of April in 2013 and was pierced through her heart by an iron in the process. She was taken to an accident and emergency unit of a teaching hospital in Benin City, Nigeria, where she was confirmed dead afterwards and was taken to the mortuary where she eventually woke up. It is for such occurrences Makinde reasons that "many people would have died in the mortuary who otherwise would have lived if the processes of dumping people in the mortuary is not a hasty one" (Makinde, 2010: 419). He argues that whether brain death or not, once a person is put in the mortuary, he or she must die like a frozen fish. He christened this as "killing by the mortuary". According to him, killing by the mortuary "is a cruel way of putting people to an absolute death when the possibility exists that they might still bounce back to life if they had not been hastily dumped in the mortuary – the absolute killer of living persons" (Makinde, 2010: 419).

The skepticism regarding the accuracy of the existing methods of confirming death can be justified with logical reasoning. In the same way, the methods for ascertaining, confirming and pronouncing death is epistemologically faulty. According to Makinde, although "[t]he coming back to life of "dead" people may not be a common occurrence, but one occurrence of coming back to life after death had been ascertained and pronounced is logically sufficient for us to assert that when X is pronounced death, it is still logically possible that X is not dead" (Makinde, 2010: 419-420). (As experience shows, it is actually more common than Makinde thought as we shall see later). According to Makinde, the logic of this claim is impeccable. This is because a single instance which deviates logically from a universal statement renders such universal statement false.

[1] The writer made personal contact with this lady on the 13th of January in 2017, who confirmed the incidence but her husband was averse to interview of his wife on the matter to forestall recalling past occurrence. He was also averse to identity disclosure and publication. Hence name, specificity and details are expunged in this report.

for example, "[i]f we assert that all cases of certified deaths are cases of death and we discover one case when death was certified and it later turned out to be false, then the universal statement, "all cases of certified deaths are cases of death" is simply false". What Popper calls a logical asymmetry between verification and falsification corroborates this argument. Popper argues that "although no number of observation statements reporting observations of white swans allows us logically to derive the universal statement "All swans are white", one single observation statement of a black swan allows us logically to derive the statement "Not all swans are white""(Makinde, 2010: 420; Magee, 1973: 22). It follows logically from this Popper's philosophy of science that "with the discovery of at least one counteracting instance, the universal statement "All cases of certified deaths are cases of death" is falsified deductively, and beyond repair" (Makinde, 2010: 420). It is evident from the account of some postmodernist philosophy of science and epistemology that a single instance that does not conform to a theory or existing paradigm of rationality renders it false and this justifies its consequent replacement with better or more satisfactory ones (Kuhn, 1970: 52-91; Popper, 1972: 78-92; Popper, 1968: 215-250). In this case, a single instance which deviates from any existing method of confirming death is sufficient to render such method and its theory false.

> By this logic, the instances of some people coming back to life after they had been certified dead remain a perfect demonstration of the issue at stake – that in the history of medical certification and pronouncement concerning the death of persons, some had been certified dead when they were not dead and, consequently, had been sent to the mortuary before they were really, or totally, dead (Makinde, 2010: 420).

For Makinde, this realization "should recommend to us an exercise of extreme caution in rushing people to the mortuary. The same caution should be exercise by those who rush to bury the dead within 24 hours of perceived death" either on religious or cultural ground or for other possible reasons. According to Makinde, "[t]he hurried burial may turn out to be the same as a hurried dumping of the dead in the mortuary. In either case, a person who might not have been finally dead will become finally dead in the mortuary or in the grave" (Makinde, 2010: 420).

This presupposes that there should be an ample of time left between a period of confirmed death (or philosophically speaking, suspected death) and burying the suspect or taking him or her to the mortuary to avert killing people who are only mistakenly confirmed dead. In the opinion of Makinde, "death by the mortuary" is "as gruesome as official execution by hanging of somebody who had been mistakenly sentenced to death. Death by the mortuary and mistaken execution are both cases of miscarriage of justice, avoidable death or killing by mistake" (Makinde, 2010: 421). Death in the coffin or grave seems to be worst. Since the possibility cannot be ruled out for mistakenly confirmed dead people to wake in the coffin or in the grave (especially) if just being buried. It seems death in the grave or killing by the grave, when it occurs, is worse and more gruesome than "death by the mortuary" and mistaken execution by hanging. We shall now elaborate on this.

Death in the Coffin and Death by the Grave: The problem of confirming living people dead seems to be worse outside hospital or medical practice where people are prepared for burial immediately after being thought dead. In traditional Esan communities, for example, with no sense of mortuary *nay* of keeping the deceased in mortuary, people who are thought dead are buried immediately even within an hour particularly children who by cultural requirement do not need any ritual or bathing or coffin before burial. For middle aged people who may require coffin and bathing, it may take longer than an hour. For old men, who require all these, they are kept and buried in the evening. The only people who enjoy the privilege of staying for more multiple hours or days are old women who by cultural requirement must sleep (that is, stay), at least, overnight before they are buried. This sleeping overnight is also made possible by patrilocal nature of marriage which requires that the corpse of a deceased woman must be returned to her patrilineal family for burial; and this in some cases is done in some specific native or market days. There could be some variations in the above description depending on the community. In this waiting period, some have actually come back to life.

The writer heard some of these occurrences and witnessed that of Esemiewe in Udowo Irrua, a woman of about 63 years old in the mid 1980s, who was certified dead but came back to life the third day toward evening when the people were gradually preparing her to take her corpse to her family for burial as culture requires. She spent so long not only because as a woman she need to stay overnight, but also as a woman who come from a community that only

accept the corpse of a daughter on specific market days. Upon resuscitation, Esemiewe said she heard all the comments people were making about her. If Esemiewe were to be a male, and if not for these cultural requirements, she would have been buried long before she woke up and then die finally either in coffin or in the grave.

Some people have also woken up while in the coffin on transmission to bury ground or to distance place in Esanland and some other places. Among many cases at different times, places and circumstances, Makinde cites the case of a Canadian woman who sprang back to life from her coffin on the way to burial ground (Makinde, 2010: 419). Patrick Airoboman relates to the writer the case of a man at Idinobi-Irrua who woke up in the coffin and who retained, preserved and used the coffin as storage box for clothing. According to Patrick Airoboman, this man lived for about extra thirty years, and was eventually buried with the same coffin when he finally died. Otibhor Oribhabor also relates to the writer the case of a boy in 2015 at Igueben in Edo State, Nigeria, who woke up on the fourth day after being confirmed dead.

John Airoboman, a 76 years old man, corroborates the account concerning Esemiewe already mentioned and narrates some other experiences when interviewed on the 30th of March, 2016. He reports that a man died, who is a native of Usugbenu-Irrua but resident at Ibore-Irrua, a distance of about eleven kilometers. The supposed deceased was wrapped in palm sticks, tied in two bicycles, and was being conveyed by rolling to his people for burial in Usugbenu. He woke up at ukoghodo, located at Udowo-Irrua, about two and a half kilometers from where he was being conveyed from, and thereafter lived for some decades. Although John Airoboman could not remember the exact time, but from his narration, it suggests late 1950s. If this man who woke up were to be an indigene of Ibore, he would have probably been buried before the time he woke up.

John Airoboman also relates the instance of the writer, when he was sick, when he was a baby, and was taken to a native doctor and traditional healer (Odigie Okoehanlen) at Ehanlen-Ewu. Upon receiving the baby from his parents, and observing the whitish eyes, he declared that the child was dead. But thereafter, his father being more experienced observed and certified that that child blinks eyes. The premiss of Odigie's assertion is that the child's white eyes were visible and this for him is an indication of death state without knowing that this visible white eyes is characteristic of some living people including children. This is a clear case of certifying some living people dead in error. John

Airoboman also cites an instance of the grandchild of Mr Unurolo in his teen at Udowo-Irrua, who was confirmed dead around 2009. This occurred in the night. There was delay in the process of searching for cutlasses and hoes to dig the grave and the light to use since the burial ground for non-old people is located in the bush in that village. In the course of this supposed obstacle (delay), someone observes that the boy was warm. John Airoboman laments this condition and pities the numbers of people who are hurried for burial but who would have woken up if not this hurried burial, especially little children that are buried within thirty minutes or less. There were other instances he narrates which he heard of but this study limits discussions, citations and samples to those which he directly witnessed.

Since there are recurrent instances in Esanland, where people who are confirmed dead and whose graves have been dug wake up, it becomes part of the people's cultural requirement that plantain or banana stems be buried in such graves since a grave cannot go empty. The above occurrences are also replete in other cultures. If most of these happen within a suburb, then consider what would be the case in terms of the number of people that would statistically be involved in a local government, state, or country.

Another point of reflection is this: If a person confirmed dead in error is buried, would he wake up in the grave? If he does, what would he experience? How would he feel? It must be hellish: an incalculable but helpless and hapless psychological terror, tremor, anguish, fear and groaning; physical spasm, paroxysm and frenzy; emotional weeping and self pity. What an unimaginable and unexplainable agony! This would probably be his worst experience. Just imagine being in that situation. This is why caution must be exercised not to subject people to this state since it is not impossible for some people to wake up and especially simultaneously while being buried. If anyone wakes up, it means he was never dead in the first instance since death as an absolute phenomenon does not permit reversal.

Philosophically speaking, what these portend is that there is epistemic fallibility regarding our understanding of death state. It appertains to the authenticity of our epistemic access to ascertaining a state of death and thus of certifying people dead. Epistemologically speaking, we do not know the exact point death occur or people are exactly dead. As counter experiences have shown, and to the extent of knowledge development in medical science and technology today, we can only say that there are necessary condition(s) but not sufficient con-

dition. Since we can only lay claim to knowledge of necessary condition(s) and not of sufficient condition, therefore it can be said that as at today it is only a matter of conjecture and not of certainty.

Death by Organ Harvest: Harvesting body parts of the deceased constitute another source of worry which generates philosophical reflection because of possible death by the harvest of these parts. There are deceased donors as well as living donors. The primary focus here is on the deceased and forced donors. Transplantation of body parts which constitute a fertile ground for harvest of body parts including organ harvest is not new; it has been with humanity for millennia and it is practiced in different parts of the world. (Salako, 2014: 2-12). According to Babatunde Salako, "[t]issue may be recovered from donors who are cardiac dead – up to 24 hours past the cessation of heartbeat" (Salako, 2014: 5).

> Deceased donors are those who have been declared brain dead and whose organs are kept viable by ventilators and other mechanical mechanisms in the critical care unit until they can be harvested for transplantation…. Apart from brain-stem dead donors, who have formed the majority of deceased donors for the last twenty years in many developed nations, there is an increasing use of expanded donors… which includes Donation after Cardiac Death (formerly non-heart beating donors) to increase the potential pool of donors (Salako, 2014: 6).

Some other expanded donors which Salako lists include mildly hypertensive subjects, elderly subjects, obesity subjects, stroke subjects, among others.

The primary concerns here is not on the critical analysis of the morality or otherwise of organ harvest but on the right to be dead before organs are harvested as well as on whether one can be dead and the organs not dead, including the fear of harvesting the organs of those only thought to be dead but who are actually alive. In sum, it is the possibility and fear of killing or causing death by organ harvest. Just like death by the mortuary, organ harvest and possible death by organ harvest give not only a sense of worry but also a sense to be cautious and to be sure that patients are actually dead before their organs are harvested. Thus the idea of death against the backdrop of organ harvest *vice versa* generates some philosophical conundrum. Can somebody be factually dead and his organ still alive? Are those organs not part of the body of the supposedly confirmed dead persons? Put differently, if some of his organs are not dead, can we really

say that he is dead? From commonsensical point of view, if he is dead, the organs ought to be dead as well.

Thus, one of the serious issues that can be raised regarding organ harvest of deceased donors, and which necessitates raising rational scepticism regarding the veracity of organ harvest, is the claim that someone is dead, but some of the organs are alive, and thus constitute veritable source of organ donation and harvest. Some arising perturbing questions are: since some organs are alive, is there no possibility of self-revival of thought dead organs, or, for the live ones to reawaken the thought dead parts of the body? Besides, when harvesting the living organ, since those organs are alive, do the supposed dead donors not feel pain? They may do but are incapacitated due to their state like the helpless state of animals in the slaughter. Inagility is not synonymous with painlessness.

These are some of the reasons we should be thinking not only of the derivable benefits from harvesting organs which could have otherwise been wasted to improve the health of some living people, but also of

1. The mistake of harvesting the organs of those thought dead but who are actually alive and whose death may eventually result from such organ harvest,
2. The danger of slippery slope of willfully killing people for organ harvest for financial gain, and of
3. The pain that might be inflicted on the supposed deceased if he or she is not really dead during the harvest or wakes up in the process.

As at today, there are already, some manifestations of slippery slope of forced donors – the killing of people for organ harvest. For example, although the government of China made selling of organs illegal as at July 2006, and claims that all prisoner's organ donors consented to organ donation,

> there have been various accusations that organs were forcefully donated and harvested from those government deemed undesirable especially prisoners. These individuals in detention and prisons are not in the position to give free consent to donate their organs. This position was however defended by China saying that approximately 95% of all organs used for transplantation were from executed prisoners who have presumably consented already (Salako, 2014: 14, 11).

This *consent defense* by Chinese government may not be true for most executed prisoners. It is not impossible that they are cajoled, brainwashed, misin-

formed or coerced to consent where they consent at all. In the quest for organ for transplantation, it is also not impossible for some governments (such as China who makes it a point of duty to harvest the organs of those sentenced to death) to unduly sentence people to death as criminals in order to harvest their organs or expand the pool of harvested organs.

Babatunde Salako raises the fear of the possibility of organ theft. According to him, "if organ sales are possible then organ theft may be plausible even in first world countries". He cites as an example, the suspected organ theft in Kosovo during the Kosovo conflict. Salako writes that during this conflict, up to 300 people were noted to disappear. He cites Ferhman-Ekholm as holding that "these people were allegedly killed by Kosovo liberation army with their organs harvested for sale" (see Salako, 2014: 12-13, Ferhman-Ekholm, 1997: 976-978). He also notes the discovery in Soka area and Iyana Egbado village in Ibadan and Ogun state respectively, of people probably killed for various ritual purposes. These suggest that organ theft is possible.

Concerning the genuineness of consent, whether of criminal or deceased donors, genuine consent is highly suspicious in view of the fact that both could be deceived or cajoled or coerced to consent. Because of the situation they are in, any such consent can hardly be informed. Besides, some doubts can also be raised (and it is a source of concern) whether these people were actually dead before their organs were harvested or it was the organ harvests that actually lead to their death. This would be most alarming. Particularly for the victims whose organs were harvested by ritualists and organ theft soldiers, it is more likely that they would have harvested these organs while these people were fully alive or conscious. This is a very painful way of dying. In this case, it is not death itself that is most feared but the pain, torture and horror that would lead to it - death by organ harvest. Conceived in this way, death by organ harvest, is, killing people who are alive or who would have been alive or live longer than they did. When this happens, it constitutes a painful way of dying; and certainly, more horrible than death by the mortuary.

The Epistemological Challenge

This study will be concluded with epistemological critique of the various criteria for certifying people dead. The study is not in any way a campaign

against death *per se* or that one is not supposed to die. It is not a campaign that we should live here or want to live here on earth forever but against causing death by error, ignorance, incompetence and wickedness and to ensure that people are certified dead only when they are really dead, and they are not inflicted with more pain than natural death would have subjected them. This is necessary because existing criteria for confirming deaths are epistemological tinted with fallibilities.

Speaking in strict epistemological sense, with the present state of development in medical science and technology, there is not yet any indubitable epistemological ground for ascertaining state of death and thus for certifying people dead. Any existing criteria given so far are epistemologically suspicious because we have no basis to trust with absolute certainty doctor's determination since they can, and have actually determined many medical cases including death confirmation in error. There are incessant cases of wrong diagnoses, medications and surgeries performed for non-existent ailments, which have either aggravated patients' health condition or lead to or cause their death (Adigun, et. al, 2014: 16-25). In fact, in a magazine article, Temidayo Akinboyo writes that "the feeling can be very scaring. That is the feeling one has when he knows that the person who is supposed to treat him when he falls sick, being professionally licensed to do so, can also be his murderer. It happens frequently… these days. Healers are also killers" (Adigun, et. al, 2014: 16). Although the primary focus of this magazine article was on Nigeria, as the article reveals, the problem is not limited to Nigeria. Whether those of wrong diagnoses or of declaring people dead in error, these errors clearly show that the medical profession and its allied still need lots of improvement.

Following the traditional epistemological account of knowledge, the determiner, whether orthodox or traditional, medical or lay person, believed that the person is dead. He may be justified relying on the available criteria for determining death. But it may not be true that the person is dead. Epistemologically speaking, belief and justification are necessary but not sufficient criteria of knowledge. As necessary criteria of knowledge, they cannot constitute knowledge without the truth criterion. For the condition to be sufficient, the criteria of belief, justification and truth must be complete. Although in contemporary epistemology, some philosophers argue that justified truth belief does not even constitute knowledge, that is, **A** may be true and believed with justification, yet **A** does not constitute knowledge (Gettier, 1963: 121-123; Chisholm,

1959: 90-93; Russell, 1948: 155), we are not going thus far in this study since the traditional criteria suffices for our purpose.

These matters of strict philosophical concerns raised here do not supposed (as mentioned a while ago) that people are never dead; rather, they are a call to be meticulous and to exercise caution to ensure that those who are certified dead are actually dead. This is necessary in enabling avoidable killing of living people who are only mistakenly confirmed dead. In addition to a call to be extra mindful in certifying people dead, it is also a challenge to practitioners of medical science and technology to advance or further their investigations to device and ensure more appropriate and reliable method, which can take care of the existing limitations inherent in the existing methods of certifying people dead. One of the measures which the doctors or hospitals need to adopt is that in addition to stopping declaring people dead in a hurry, they should also stop hurrying thought-dead people to the mortuary. Importantly too, since people are not brought to the mortuary only from hospital wards and since all mortuaries are not hospital based, mortuary attendants and experts on their parts need to have some periods of observation. In addition, they need to carry out their independent examination to ascertain the state of the supposed deceased before encasing their supposed corpses brought to mortuary. In this way, the supposed deceased may come to life with the expertise of mortuary experts. In addition to these, since it is not all those who are thought dead that are brought to the mortuary, the various communities need to keep supposed dead people for a long time and stop burying them or embalming them at home immediately especially because, they seem to be more defective in declaring people dead even for minor criteria such as alleged stoppage in breathing or lack of warmth with mere feelings with crude sense organs. Given this precarious situation, it seems reasonable to keep suspected or supposed dead people till deterioration is about to set in before they are encased in the mortuary or embalmed or buried. It would be wrong to bury those who are thought dead, or harvest their organs, or hurry them to the mortuary, for they might probably be alive.

Summary

This study is an epistemological investigation into death state and some ways people are put to death in error due to misunderstanding of actual state of death. The study probes in philosophic mannerism into existing conditions under which people are certified dead and into understand-

ing when someone is actually dead. It holds that there are no univocal conceptions about these conditions since their understanding vary from place to place and in the passage of time due to increase in knowledge and development in medicine. Since some of those who are confirmed and pronounced dead do wake up, the study argues that any existing method of ascertaining death state is epistemologically inefficient and suspicious. It then raises issues that appertain to the ignorance and incompetence of doctors and others who confirm death cases and their methods or instruments of confirming death. The study argues analogically that since some of those whom doctors discharge against medical advice get well and since other conclusions they reach about patients and health cases (while relying on their knowledge and instrument of investigations) do sometimes prove otherwise or deviate from reality, possibly, some of those they declared dead may actually be alive. The study extends this wrong confirmation of death cases to occurrences outside hospital environments and from non-medical practitioners from different cultures and argues that all such death declaration just like those declared by doctors could be in error of judgement. It then argues that since what it exactly means to be dead is incontrovertibly controversial among people and in time, caution should be exercised in order not to be stocking people alive in mortuary, harvesting the organs of living people mistaken to be dead and burying people alive who are thought dead since they might probably be alive.

Key words: epistemology, criteria of death, diagnostic error, death by mortuary, death by organ harvest, death by the grave, epistemological flaws.

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Oral Interviewee

John Airoboman, a farmer interviewed 30th of March, 2016.

Patrick Airoboman, a hospital worker interviewed 16th of May, 2016.

Alban Ahunanya, an agriculturist and optometrist interviewed 16th of May, 2016.

Otibhor Oribhabor, interviewed 11th of June 2016.

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