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BMJ

Editor's Choice

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The institutionalisation of death

"In many a village in Mexico," wrote Ivan Illich, the scourge of modern medicine, in *Limits to Medicine*, "I have seen what happens when social security arrives. For a generation people continue in their traditional beliefs: they know how to deal with death, dying, and grief. The new nurse and the doctor, thinking they know better, teach them about an evil pantheon of clinical deaths, each of which can be banned, at a price. Instead of modernising people's skills for health self-care, they preach the ideal of hospital death. By their ministrations they urge the peasants to an unending search for the good death of international description, a search that will keep them consumers for ever."

Until a century ago in Europe, writes Graham Thorpe on p 915, death was not a frightening event but an inevitable and integral part of life. People died at home, among their families. Now, in Britain at least, most people die in hospital. Most, however, would still like to die at home. Thorpe describes what is needed to allow them to do so: nursing and medical care; a night sitting service; good control of symptoms; access to specialist palliative care; financial support; and education about terminal care. Illich, for whom death is the

"ultimate form of consumer resistance," would no doubt see this as further professionalisation of death; but we are unlikely to recover the cultural knowledge of the Europeans of a century ago.

The death that is most terrifying to the modern age is the death of a child—which explains why huge efforts are mounted to investigate risk factors for childhood cancer that confer at most tiny risks. Much anxiety has been generated by the possibility that electromagnetic fields may cause childhood cancer. Some studies have found positive associations, and two studies that we publish today—from Finland (p 895) and Denmark (p 891)—also find weak associations. But both studies conclude that if there is a risk it is very small.

Finally, James Owen Drife offers some advice on bow ties. Jim, whom in 20 years of friendship I've never seen without a bow tie, notes that "people believe that bow tie wearing is a congenital abnormality, like knowing how to spell." He advises on tying the tie because he is strongly against the pre-tied ones: not only do they look too perfect but "they cannot be loosened with a raffish flick during the rumba." How exciting life must be for academics in Leeds.