

3.2.1 A comfortable death

3.2.1.1 The idea of a comfortable death

The current human mode of production does not allow us to extend our lives indefinitely (which would give life an entirely new quality). As we will be dead anyway after not too long a time, our lives are a quixotesk struggle against wind mills, or, even less noble, comparable to the attempts of a lab mouse to run away from its fate while being trapped in a treadmill.

Only the fact that we can experience the extreme pleasure of orgasms gives us (while not logically, though at least emotionally) a reason to stay alive. This is the same for men and women.

The idea that there is a future after death totally contradicts the self-cognition that anything positive in life can only be on this side of the grave, such as, most importantly, sexual satisfaction.

Once it will be universally, or at least commonly, accepted that we realistically only can strive for optimal sexual experience, followed by a comfortable death, we will find ourselves in what I would like to call the second age of enlightenment. This ideology of the second age of enlightenment will be appropriate for as long as our mode of production does not allow us in principle to extend our lives indefinitely.

Only people who believe that they will be rewarded after death for spending their lives in sexual misery can realistically favor societies that press them into social orders which minimize the quality of their sexual experience.

But not only the quality of their sexual experience. Religions also negate that we manage our deaths. Religions typically claim that our death are in the hands of a deity, and that we have no say about when we die and how we die.

This idea, of course, is not appropriate to the current human mode of production, which, while not allowing us to extend our lives indefinitely, at least allows us to technologically interfere with the manner in which we die.

We do not have to painfully suffer to death once we are ill with cancers. We could, and often can, make dying much more bearable with the wise use of opiates.

We already can eliminate the pain of life-saving and life-improving surgical procedures through the use of sedation (though the technology is open to improvements).

We could expand the use of sedation to situations that involve a certain risk of horror, such as flying in an ill-fated aircraft. It would be a progress if passengers could choose to be sedated on all commercial flights. For it's not death itself we dread but the pain and horror of dying consciously under certain circumstances.

To manage one's end of life in a manner so that it will be gentle is, of course, in principle equivalent to committing suicide. Even though life is not ended abruptly, and not even prematurely, preparing to die gently already means that one takes one's death into one's own hands. This is a huge intellectual progress over just trying to avoid death.

Time is on my side. The human modes of production are improving, first towards engineering our comfortable deaths, and then towards engineering indefinite life-spans. The superstructures of ideologies that are appropriate to our capabilities will follow, as always, with a certain delay.

3.2.1.2 Better prepare for death

Whatever your lifestyle, never mind how healthy you are, you will not live forever. It's not even likely that you reach a meagre 200 years, even if, as of now, you are as rich and as young as Marc Zuckerberg.

So better be prepared for the inevitable.

We all hope for a comfortable death, dying in our sleep, just not waking up in the morning. Well, if you read records on the Internet, it doesn't really seem to happen very often.

A large number of those who die suddenly and are in bed at the time of their death seem to die of strokes.

Strokes are quiet, but is the person who experiences it in a quiet state of mind?

That is by no means guaranteed. It's just that a person experiencing a heavy stroke cannot communicate. The person may be in extreme discomfort and pain, but being brain damaged and unable to speak, people with him or her just don't know.

If I have a choice, I do not want to have a stroke. I even prefer cancer. At least with cancer, I can issue requests for morphine.

3.2.1.3 Engineering a comfortable death

The value system that I promote has two pillars.

First, for as long as we live, to have optimal sexual experience.

Second, to end life in a comfortable death.

Self-cognition enables us to realize that actually, it would be better to be dead than alive.

Our current technologies do not allow us to extend our lives indefinitely (which would give life an entirely new quality). As we will be dead anyway after not too long a time, our lives are a quixotesk struggle against wind mills, or, even less noble, comparable to the attempts of a lab mouse to run away from its fate while being trapped in a treadmill.

Only the fact that we can experience the extreme pleasure of orgasms gives us (while not logically, though at least emotionally) a reason to stay alive. This is why herbals that improve sexual health, such as tongkat ali, are so important.

The awareness that we can realistically only can strive for optimal sexual experience, followed by a comfortable death, is what I would like to call the second stage of enlightenment. This ideology will be appropriate for as long as our technologies do not allow us to extend our lives indefinitely.

Only people who believe that they will be rewarded after death for spending their lives in sexual misery can realistically favor societies that press them into social orders which minimize the quality of their sexual experience.

As for the second pillar, a comfortable death, mankind already possesses some technologies to make death more gentle.

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3.2.1.4 Truth and lunacy

The most basic philosophical concepts for human life are biological. The idea of avoiding death is present at the very root of life. The success of avoiding death at least temporarily does not need consciousness, and not even internal control.

From the very existence of the first forms of life, those lived and procreated that, accidentally, “behaved” in a manner that avoided death.

When humans gained limited consciousness, the idea of non-existence after death was difficult to accept. It contradicts the meaningfulness of what we are genetically programmed to do: avoiding death.

Religions tried a metaphysical answer, but scientific self-cognition has allowed us to recognize that all religions are just wild fantasies.

There is nothing to be afraid of after dying, because after it occurred (in accordance to reason and science), there simply is nothing.

On the other hand, to be afraid of dying is in accordance with how we are biologically programmed. Dying can indeed be a horrifying experience, for example when one burns to death, or drowns, or, possibly the worst, is tortured to death by humans whose intention it is to make one’s dying as painful and prolonged as possible. But even in non-aggravated circumstances, the plain consciousness of dying can easily result in death avoidance panic.

We do not have to be overly concerned about what happens after death. It’s the wrong focus, emphasized by propagators of religions who are, without exception, wrong.

On the other hand, addressing the topic of dying agrees with all dictates of reason. We have a collective interest to make our dying as gentle as possible.

Current societies do not reflect this simple truth, and previous progressive (mostly Marxist) societies were wrong not to teach it in school, which is why they only succeeded partially in eradicating religions.

The approach of most people nowadays is either to better not to think about it, or to trust religious institutions who preach that if people just follow their rules, they actually won't be dead after having died.

There is another biological truth that current societies do not sufficiently address. This is that before we die, each of us is biologically primed to seek sexual satisfaction. Apart from death avoidance, sexual satisfaction is our only interest that is totally at the root of our existence.

Using divide-and-rule tactics, religions (especially those drawing on Abraham), have thought those under their influence that one has to curtail sexual satisfaction in order to satisfy one's interest in avoiding death.

I can easily imagine that a society that has a high awareness of what was stated so far will be much better to live in and to die in than societies shaped by the teachings of religions. Persistent religious lunacy, furthermore, is the principal obstacle to establishing societies based on the acceptance of everybody's most elementary interests, a comfortable death and before that, optimal sexual satisfaction.

I do not think that those who have a high awareness of what was stated so far should wait until the correctness of these assumptions is democratically accepted. Anyway, religious lunatics themselves have, throughout history, not waited until their versions of explaining the world were democratically accepted. Rather, religions typically became majority religions when those who were in power, or came to power, were a religion's disciples. Subsequent generations were then easily educated to accept the teachings of these religions as fact.

In the interest of a better world, it is justified that an intellectual avant-garde (an elitist political party) assumes power over a society by any means, democratic or not. Subsequent generations will easily be educated philosophically and politically in a way that assures majority acceptance of the new standards.

The failure of Marxism in many countries where it was tried (and implemented by an intellectual avant-garde) can be directly attributed to the fact that, in spite of negating religious lunacy, Marxism never gave people answers on questions about the meaning of their individual lives.

A political concept for establishing a better society with more personal, and sexual, freedom in as safe an environment as ever possible, must firmly be rooted in a philosophical understanding of the meaning of every person's individual life.

3.2.1.5 A realistic reason for fear of flying

I avoid flying as good as I can. Yes, I do have personal reasons. I was once on a Philippine Airlines plane that flew into a typhoon, and there was no option for the pilot to change direction as it was night and no alternative airport was suited for night-time landing.

Yes, this was very uncomfortable. The plane was shaking violently, and like most passengers, I didn't have much confidence in being alive after hitting the ground. Nevertheless, we all survived.

But beyond my own bad flying experience, my dislike for air travel is based on sound reasoning.

Those who have read through other articles of mine are aware that my philosophy focuses on two principle values in life: optimal orgasms and a comfortable death. "Optimal orgasms" obviously is the sexier of the two topics, and more of my articles deal with this issue, not the relevancy of a comfortable death (and the practicalities of it).

But the importance of a comfortable death is not to be underestimated. Of course, the best thing that could happen to me would be a death in my sleep in the coming night.

As life is temporary anyway, there is no genuine value in living longer. Furthermore, as the capacity for human suffering is so much larger than the capacity for human joy, dropping out before we experience substantial suffering is the most reasonable preference one can have.

This does not mean that I would advocate suicide. We are not built to choose suicide. Because for most people (probably including me) trying suicide would cause mental panic (regardless of our philosophical convictions, and outside our control), a suicide is generally not a gentle way to die. Dying in one's sleep, unexpectedly, is, unrivaled, the best way to go. A productive life, cut short by an untimely death in our sleep, is the ultimate good fate that can befall us. If such a death happens to us, our relatives and friends should not grieve.

Not for the dead person anyway. Family members may feel sorry for themselves because they may have lost their principal breadwinner. Friends may lament that they have lost somebody who was good company.

But the person who has died unexpectedly in his sleep can realistically only be congratulated on his exceptional good luck.

I am not afraid of being dead. Death is a very good state to be in. But to be afraid of dying a lousy, violent death makes perfect sense.

And I know from own experience, supported by a great body of reports from other people, that dying in an air-travel mishap must be one of the worst possible transportation deaths available to us.

Unless the aircraft we are in all of a sudden explodes, or crashes into a mountain, it is likely that we consciously experience great discomfort before our death.

Together with the airplane, we may be tossed at high speed through various altitudes. Or, in an airplane that no longer can be controlled, we may be aware that in a short while, we will crash and die.

In a road or railway accident, we may realize the impending crash only at the instant it happens, or, even more commonly, we realize that it has happened only after we have survived it. But in many air accidents there is ample of time for pre-crash awareness, which, for everybody on the plane, will mean prolonged pre-death panic.

I admit that air travel is very convenient (as long as one has a good flight). It's the fastest way to bridge a distance from, let's say, 200 kilometers onwards.

Statistically, on a per-kilometer scale, it's probably also the safest way to travel. It's just that if a mishap happens, the discomfort potential is much worse than for other modes of transportation.

I am not afraid of being dead. And I can happily cite a scenario under which I would have no qualms boarding aircrafts as a standard means of getting around.

All it would take were airlines to offer flights under anesthesia. The sedation should be strong enough so that passengers would not wake up, even if a plane were to go on a pre-crash downward spindle covering 10 kilometers.

If airlines were to turn off my consciousness an hour before take-off, and if I were only to awake an hour or two after landing, I wouldn't mind paying double prices. I even wouldn't mind an increase in the risk of dying from the sedation, for as long as the sedation-related death were to happen under sedation.

For it isn't death itself that I want to avoid. I only want to avoid the discomfort associated with some forms of dying.

I am aware that the prospects for airlines to offer flights under anesthesia any time soon are very small indeed. Not in today's chaotic societies in which typically, masses of fools decide what is important and what is right. Instead, a social climate would be required in which people cannot easily be misled by preachers of religious nonsense, and in which people are educated in what is a proper scientific understanding of life, and it's most important parameters, optimal orgasms and a comfortable death.

3.2.1.6 Ambulances

On the face of it ambulances appear to be a positive development in human progress. They provide emergency medical services in cases of accident and severe illness.

But underneath the surface of good Samaritans, something rotten and entirely unethical looms.

Because ambulances are the cause of millions of destroyed lives of those who would prefer death.

Once I am dead, I have no problems. Ideas of suffering after death belong to the realm of the mystical. And even from a mystical perspective, one's fate would not be worse when dying in an accident rather than having one's death prolonged in an ICU.

Once I am dead, I have no problems. I feel no pain, no disappointment. I also won't feel the excitement of great sex, but that isn't very relevant at that point.

A large number of people who are saved by ambulances are unconscious by the time the ambulance arrives. And without being brought to a hospital with an ICU they would just die.

From the perspective of the person whom the ambulance staff considers a patient, this would just be fine. An accident happened, or a stroke, or a heart attack, and one is unconscious. And without interference from an ambulance, one would die.

Great. Nothing wrong with that. The passage from life into death happened in a sudden, pain was short, and so was the period of awareness of the dying process.

A good death.

But then an ambulance arrived on the scene. The patient was reanimated, rushed to an ICU, incubated, aspirated, artificially kept alive.

And after some extended period of unconsciousness, the patient opens his eyes to return into a live that often, from now on involves a lot of torture by medical technologies robbing the person of a good death.

No future worth living for. I just hope that when I have a bad accident, or suffer a severe stroke or heart attack, I just will be out of reach of any ambulance and ICU.

3.2.1.7 Managing death

It is immoral to kill somebody. Human violence is immoral, because violence causes suffering. But resurrecting people with medical technology is also immoral. It ought to be recognized that if somebody would be beyond life without medical technology, then people ought to leave him there. Going through death is the most difficult part of life, and if somebody is unconscious, and would be dead without medical technologies, one ought to do him the favor and let him be dead.

Even if a death was painful, a death that was passed through is not becoming better by reversing it.

The greatest mistake of common current ethical theories is a lack of awareness that all will be dead. It is stupid to pretend that life is a value in itself. Only the absence of suffering can be an ethical value.

Absence of suffering includes the absence of the awareness of the immanence of one's death (not just the experience of a death without physical suffering). Which is why the best fate that possibly can await anyone, is to suddenly be dead in the middle of one's life, and preferably during one's sleep. Medical technology that aims to eliminate this option is misguided.

On the other hand, medical technologies that help to preserve physical attractiveness, as physical attractiveness is of great importance if one aims for a sexually fulfilled life.

Many people feel this way, which explains the popularity of reconstructive dentistry, Lasik operations, liposuction, and facelifts, even though people have to pay for such procedures out of their own pockets, while being kept alive on ICUs is paid by the government.

There are far too many ICUs. If, for example after a road accident, a person is unconscious and could survive only in an ICU, let there be a blackout on the power grid and on the hospital's emergency power supply, so that that person will be dead for good. It is much preferable over dying a prolonged death from cancer a few years later.

3.2.1.8 Death, swift and painless

In several essays throughout the past decade, I have emphasized the idea of a gentle death.

But I am having doubts now.

Not because I wouldn't like what commonly is understood as a gentle death: peacefully dying in one's bed, without any awareness of what is happening.

But I doubt that many bed deaths actually are of that nature, regardless of what obituaries may say.

What are unforeseen bed deaths: the majority are heart attacks and strokes.

Heart attacks are very painful, and one is unlikely to sleep through it if it happens in the night in one's bed.

How quick is it? Even if no blood at all is supplied to the brain, for unconsciousness to occur, it's going to take something like 2 minutes. But a heart attack will not usually shut all blood circulation, not even a deadly one. So, it's still going to take some time.

And strokes? Hemorrhagic ones are probably more likely to cause unconsciousness than ischemic ones. But who knows.

Total unconsciousness would be good, but whether that privilege will be available?

Unless a stroke impairs the brainstem that controls vital functions like heartbeat and breathing reflexes, death is not a direct consequence of the stroke but a result of additional accidental impairment. And what would that impairment cause?

Chocking and suffocating to death, like Stalin (see youtube here) had it. And this can happen consciously or unconsciously. All sensations of pain, panic, and discomfort are in the brain. These sensations are not only in the parts of the brain that control vital functions, but may well be perceived in parts of the cortex that did not suffer any damage.

Witnesses to guillotine (see youtube here) death have reported that chopped up heads did not seem immediately dead. Maybe such a head could even still say something. But chopped up heads probably have other concerns than give interviews to prepared microphones on how it feels, and whether it's painful.

People who are hanged are immobile immediately because of damage to the cerebellum and brainstem. But whether they feel something or not, would be hard to answer.

I now believe that the surest way for a sudden death without any comfort would lie in blowing one's whole head up in one go. A suicide belt around the neck would do a nice job. If there were a company selling such devices, I would buy one, just for me to set it off alone in a forest. They can happily print a label on it: Do not use in the vicinity of other people! Safe distance 200 meters.

Anyway, I am far from becoming a politically motivated suicide bomber (see youtube here). I'd be contented to be the only victim.

3.2.1.9 Death from opiates

A few years ago, a nephew of mine died of an opiate overdose. Yes, my sister, whose son he was, was very grieved indeed. And she didn't talk with me for many months after I told her that her grief, of course, was selfish. She felt sorry for herself, not for her son.

By all we know about death from an overdose of opiates, he had a good death. Unintended, free of pain. Opiate overdoses are deadly because they suppress the respiratory center of the medulla in the brain stem. Basically, a person just forgets to breathe, and feels no panic about this.

A rather famous German journalist with whom I covered Southeast Asia in the early 80s has died of cancer not long ago. The magazine he worked for, wrote that after he received the diagnosis, he retreated to a Himalayan hideout where he awaited death untreated, just meditating, leaving his family behind in Germany.

I don't know whether the details are true or not. But I know that many cancers are very painful.

If I were ill with cancer, I would probably also prefer to await my end somewhere in the Himalayas. At least that's a part of the world that still is very lenient about the use of opiates.

Maybe meditation, as well as medication, can help against cancer pain. But not if you start meditating after you were diagnosed with cancer. For meditation to work in lieu of pain medications, one would probably need a life-time of meditation practice, and the biological effect against cancer pain would still depend on morphine more precisely, in this case: endorphins, substances produced by the body, which are chemically almost identical to morphine.

3.2.1.10 Plan B

Current society, current technology, and current medicine are all, to a high degree, concerned with making human life as safe as possible. That's Plan A. They even make preparations for the eventuality something goes wrong with plan A. That's why buildings have fire escape routes, even though people normally only use elevators. And this is why cars are equipped with safety belts. I would call these installations Plan A-2.

In modern technology, just as in ancient one, there will always be something that goes wrong. Which is why there are backup systems, even multiple backup systems. These should correctly be designated A-2, A-3, A-4, and so on.

So, what is plan B?

Plan B is a backup system entirely different from the type A backup systems. A type B backup system is for the occasion when we realize that a life cannot be saved, or could be saved only under conditions that are terrible to bear for the person whose life is to be saved.

But even though anybody with sufficient intellect will understand my concern, the topic by and large is taboo. There isn't even any scientific research into the pleasantness of different forms of dying. Yes, there is one famous book on the practicalities of self-deliverance (*Let me die before I wake*), but there is nothing that explains, for example, the level of comfort and discomfort of dying from various individual sicknesses or potential accidents.

Well, I assume that falling into a coma from a lack of sugar in one's blood, and then passing away, would not be too bad. Slitting one's wrist veins, which may sound inviting, will likely not work as smoothly as one imagines. The body possesses many mechanisms to control blood loss, among them a psychological one: blood loss causes panic.

While I believe that many intellectuals can follow my idea that designing plan B solutions for many situations in life would make sense, I have little confidence that in the current democratic-pluralistic societies of the West and the democratic-chaotic societies in the Third World, the idea has much of a chance getting implemented.