

# **The Price We Pay for 'Certainty'**

**An unseemly tale**

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Living in a world of ever-greater knowledge can bring us expectations that burden more than benefit us. There is always a price for dividends.



*Life is the art of drawing sufficient conclusions from insufficient premises*

– Samuel Butler (1912) *Notebooks*

Olga, just turned ninety-one, was found dead in her bed by Aisha, her part-time carer. Olga had employed Aisha, with great mutual affection, in the last year of her life. All the signs were of a sudden and peaceful ending of her life while asleep.

Olga's death was much like how she had lived her life: quiet, undramatic, undemanding and with minimal distress or inconvenience to others. Tom, her son, described this to me in the following week with a mixture of soft sorrow and reflective gratitude: 'Mum wanted to go like that, she told me. She was thoughtfully proud and dreaded any further decline or dependency ... she knew her memory and strength were beginning to leave her, and I sensed her fear of what might lie ahead ... Of course, my brothers and I are sad she's gone but after the shock we can see it's a good end to a good life ... What I don't understand is why – having said all that – the authorities say she's got to have a post-mortem. It makes no sense to any of us.'

I apologetically explained the official policy and law. Because Olga had not seen a doctor for many weeks, the cause of death is deemed so uncertain as to merit the State's investigation: initially a post-mortem examination...

Tom turns away to dry his eyes as he shrugs and silently swallows – a convergence of grief, resignation and resistance.

'I suppose so ...', he conceded weakly, 'but Mum was *ninety-one*, well cared for and relatively healthy and active ... She died in her sleep. I guess her heart just stopped, something like that ... It must be a natural death, surely?'

Tom has no medical training, but his intelligence and good sense remain intact in his grief. It is now I who shrug, opening my hands with a kind of apology. 'It's the law', I say, 'they want *certainty*'.

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Two weeks later Tom is sitting with me again, but now more disturbed, distressed and angry.

'Neither I, nor my two brothers, saw my mother before her post-mortem. My brothers wanted to see her after – for one last time – before she was cremated ... It turned out very upsetting for all of us. You, see, there were these horrible incision wounds that had been sewn up roughly and inaccurately, and then not cleaned afterwards, like they got what they wanted and couldn't be bothered with the rest.'

Tom's voice carried anger in perplexity. I desisted from enquiring about the details.

'And what for? To confirm an intelligent guess that her heart stopped! And how is that knowledge going to help the care of other nonagenarians? Even such body-plundered evidence does not make it *certain*: how do they know she wasn't a victim of Polonium poisoning by Aisha?! I bet cutting up Mum wouldn't have shown that...'

Tom's caustic and dark retorts to unanswerable officialdom carried, for me, quite as much human sense as anger. My own elderly father had died a 'natural' and timely death. In a similar way I had objected to the various officers of the State mandating a post-mortem examination. 'We have to be *certain*', said an impassively regulations-primed doctor.

And yet it seemed to me – as it does now with Tom – that such indiscriminate regulation often defies greater sense and sensibility. It adds little – if at all – to useful knowledge and provides only redundant and always flawed 'certainty'. But the costs may be considerable. Most clear are the considerable economic costs to the NHS of providing detailed reports of the ineluctably dead. The human cost – of emotional distress among the bereaved – is probably great, though mostly undocumented. It is notably variable: some bereaved feel desecrated by any surgical intrusion of the departed, others are comforted by the confirmation of a known diagnosis – 'I'm pleased we know it wasn't something else, doctor...'

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The last few decades have brought us ever-greater precision in life and death: diagnosis and causes of death were earlier often unsought, mysterious or ignorantly inaccurate. Now we live in a world of almost instantly defined and transmitted knowledge that is much more accurate and ubiquitous. But can we – at least sometimes – go too far?

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I recently saw a healthy young woman with a lipoma on her forearm. It was as incontrovertible diagnosis as one can ever make, yet I noticed she had had an ultrasound scan.

‘Why did you do a scan?’ I later ask Dr Y, a young GP. I am friendly in my perplexity.

‘Oh, to be *absolutely certain*’ she says with verbal emphasis and a severe gaze that seemed unlikely to invite discussion.

Dr Y is now certainly not alone in this kind of practice. In a world increasingly inimical to ambiguity or uncertainty we find our mental life and behaviour encircled and commanded by algorithms, defensive protocols and walls of regulation. Yes, the benefits may be many but so, too, are the burdens, which can become unsustainable and damaging. One result – now belatedly identified – is our seductive and expanding snare of overdiagnosis and thus our overtreatment. This now has enormous momentum, so is hard to stop.

So our quest for certainty is often specious, yet it can command high taxes.

Even after death.

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*Certainty generally is illusion, and repose is not the destiny of man.*

– Wendell Holmes Jr (1897). Speech, Boston University, 8 January

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