

The Medicalization of Death and How to Reclaim a Better Way to Die

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- › Scott Adams, who passed away from an aggressive, rapidly progressing prostate cancer in January 2026, openly shared his final journey with a wide audience, offering valuable insights for others facing the dying experience
- › Over centuries, the medical industry has increasingly monopolized death and dying, fostering a cultural view that treats death as something to fear, deny, and exclude from life — rather than a natural companion to accept
- › This distortion makes dying far more arduous in our society, fueling an escalating medicalization of death in which expensive, often futile interventions are imposed on patients — frequently against their deepest values and wishes
- › In contrast to the materialist scientific view that consciousness emerges solely from brain activity, compelling evidence indicates consciousness can persist independently of the brain and, in some cases, even transfer between individuals or contexts (e.g., via organ transplants or near-death accounts)
- › Recognizing the spiritual dimensions of dying and how they intersect with modern medical discoveries. Many ancient and enduring traditions regard this moment as one of the most significant in human life

Prior to the COVID-19 vaccines being released, many concerns were raised about these experimental gene therapies, including their potential for causing infertility, autoimmune diseases, and cancer (e.g., many of the theoretical autoimmune issues were

summarized by Stefanie Seneff shortly after the vaccines hit the market¹).

So, when Pfizer's regulatory submission to Europe's FDA (the EMA) was leaked on December 9, 2020,² I read through it in detail and discovered that Pfizer simply had been allowed to exempt itself from testing the vaccine for the above three key issues (despite that testing being required for gene therapies). Pfizer concluded their best option was to simply claim plausible deniability by insisting they "didn't know" their vaccines would do all of that (because they'd "never" tested for them).

Regrettably, due to the religious fervor surrounding the vaccine (e.g., that it would rescue us from the lockdowns and return everything to normal), my arguments to wait on the vaccine largely fell on deaf ears with my colleagues and instead, excuse after excuse was made to dismiss the highly unusual and severe complications our patients kept developing immediately after vaccination (e.g., "there's no evidence for this").

Before long, people I knew around the country began contacting me with severe complications following the vaccination (e.g., dying suddenly or an elderly relative rapidly progressing into dementia) to ask if it could be linked to the vaccine.

Hating that there was nothing at all I could do to stop this (I felt like an ant in front of a tsunami), I then decided **I needed to document all of them** so that I'd at least have some type of "evidence" I could show my skeptical colleagues (as I knew the medical journals would never allow vaccine injury datasets to be published).

In the process of doing that, I came across numerous cases of cancers rapidly developing (or dormant ones that had been in remission for years coming back) immediately following COVID vaccination, including numerous unusual cases that strongly argued the two were linked. Before long, more and more people noticed similar things, and the notion of COVID-19 "turbo cancers" entered the cultural lexicon.

Since that time, the medical orthodoxy has denied that this is an issue, but more and more datasets are emerging showing it is.

Scott Adams

When Trump ran for office in 2016, initially very few people believed Trump could win (e.g., this was shown in the political betting markets). However, Dilbert's author Scott Adams did, and rapidly built a large online following by highlighting how his training as a hypnotist **allowed him to recognize that Trump was the most politically persuasive candidate** and hence, Scott hypothesized, was favored to win.

As such, once Trump won, Scott pivoted to using that same lens (how persuasion shapes political events) to become a pundit on a variety of other current issues. During that process, **Scott Adams made the controversial decision early on to endorse the COVID vaccine** to his followers and to vaccinate.

***Note:** I know of multiple other instances where individuals who were long considered "experts in propaganda" made the decision to get the COVID vaccine — something which I view as a testament to just how effectively the vaccine was marketed.*

Later, in January 2023, to his great credit, Scott posted a video essentially admitting he was wrong and the anti-vaxxers ended up being entirely correct.³ Then, on May 19, 2025, Scott Adams **disclosed to his audience that he had terminal metastatic prostate cancer**, vulnerably shared that he planned to utilize California's medically assisted dying in the near future to reduce his suffering.

Scott eventually tried a variety of cutting-edge conventional therapies recommended by top oncologists and, among other things, had the Trump administration directly intervene on his behalf with Kaiser when his access was abruptly cut off (highlighting the challenges patients without connections routinely face in the medical system). Nonetheless, nothing worked, and he gradually became weaker and weaker until he said his final goodbyes to his followers and passed away at home on January 13, 2026.

Changing Relations with Death

"People are so afraid to die that they never begin to live." — Henry Van Dyke

In 1976, Ivan Illich published *Medical Nemesis*, which critiqued the medical system and predicted many of the issues which emerged in the decades that followed. One key theme was that through the medical profession's marketing, our cultural conception of death evolved from an intimate, lifelong companion we had no separation from to a feared, medicalized entity to be conquered by doctors with death being defined by the cessation of brain waves.⁴

Note: As I show [here](#), the modern criterion for death is quite dubious, existing to support organ donations and eliminate the long-term costs of treating vegetative patients.

Illich astutely argued that this medicalization, driven by the medical profession's growing control, stripped individuals of autonomy, turned death into a commodity, and reinforced social control through compulsory care. He also argued that this Western death image had been exported globally, supplanting traditional dying practices and contributing to societal dysfunction by alienating people from their own mortality.

Medicalized Death

Presently, one of the most common settings for death in America is within the hospital. This however is controversial as:

- End of life care is invasive and uncomfortable (e.g., CPR often breaks ribs).
- End of life care is frequently futile.
- End of life care constitutes one of the largest medical expenses in the country.
- Many individuals do not want to let their loved ones go and hence insist upon fighting for more medical care.
- Restricting end of life care is seen as the government choosing to execute people to save money.
- Doctors who administer end of life care frequently refuse it for themselves.

For example, to quote a 2016 article in Time:⁵

*"Doctors spend more of their lives in hospitals than anyone else. But when it comes to deciding where to die, they're less likely than the rest of us to choose a medical facility, according to new research published in the Journal of the American Medical Association."*⁶

Note: Another 2016 study found 27.9% of physicians vs. 32% of the general population chose to die in hospitals, and during the last six months of life physicians were less likely to have surgery (25.1% vs. 27.4%) and less likely to be admitted to the ICU (25.8% vs. 27.6%).⁷

Likewise, a viral 2011 essay highlighted that doctors preferred to die at home with less invasive therapies.⁸

"Of course, doctors don't want to die; they want to live. But they know enough about modern medicine to know its limits. And they know enough about death to know what all people fear most: dying in pain, and dying alone. They've talked about this with their families.

They want to be sure, when the time comes, that no heroic measures will happen — that they will never experience, during their last moments on earth, someone breaking their ribs in an attempt to resuscitate them with CPR (that's what happens if CPR is done right)."

Note: Many patients do not know that the overall survival rate with hospital resuscitation is around 23% to 25%, making it typically futile (while outside the hospital CPR hovers closer to 10%).

Our society has essentially put doctors into the role priests once occupied, but without the training that role typically requires. Doctors hence are frequently sought out for consultations on life and death despite not being spiritually prepared for that responsibility — which inevitably leads to issues arising. In turn, I and colleagues strongly feel:

- Medicalized deaths should be avoided.
- A case can be made hijacking the dying process is one of the most detrimental things medicine has done to humanity.
- In most cases, dying at home is ideal.

Furthermore, in many cases, hospital care is "futile" because incorrect therapies are being utilized, and modern financial incentives are set so that doctors are not sufficiently trained or supported in bringing sick patients back to health (discussed [here](#)).

Note: A major reason I am working so hard to build a robust case for and interest in forgotten therapies like [ultraviolet blood irradiation](#) and [DMSO](#) is that these therapies can radically improve hospital outcomes (e.g., [UVBI frequently cures life threatening infections that do not respond to conventional treatments](#), while [DMSO cures severe neurological injuries like strokes and traumatic brain injuries](#) medicine has struggled with for decades — to the point dozens of readers have now shared DMSO with me saved them from a stroke and the life of "inevitable" disability that would have followed).

Fortunately, there has been some progress in this area, and the percentage of American deaths in hospitals has gradually decreased⁹ while hospice care has become more widely available. Unfortunately, this has dovetailed with medically assisted dying (MAID) being made more and more available (e.g., in 2024, 5.1% of deaths in Canada were from MAID¹⁰) and MAID gradually being pushed upon patients with chronic physical or psychiatric illnesses that socialized medical systems do not wish to address.¹¹

Note: One of the most amazing stories I discovered about MAID was that some providers only allow you to receive MAID if you have been vaccinated against COVID.¹²

Patient Values

Because of the immense power doctors are entrusted with and the ability to harm others (particularly psychologically and spiritually), **medical ethics training is vital**, but has been largely neglected in modern medical education. In medical ethics, one of the foundational premises everyone is taught is that patient autonomy and values need to be respected — but as shown by events like COVID vaccine mandates, **medical ethics are discarded when it's not convenient and interferes with making money**.

For example, when Scott realized his condition was terminal, he decided that he wanted to spend his remaining time engaging with his followers through his political podcast as much as possible, even when he was on the verge of death. Had I been in Scott's position, the last thing I would be doing in my last days would be being online.

However, those were Scott's values, so when I saw a post where Scott said he expected to pass in the near future, I wanted to honor them and asked a mutual friend to relay this message to him:

Me: *Hi Scott, I asked [REDACTED] to pass this along to you. When I saw Trump's 2015 response to the Rosie O'Donnell question at the first debate, I felt there was a real likelihood he'd win, and soon after I found your blog. Since then I've learned a ton from it and the perspectives I got from you were one of the things that made my newsletter possible. I wanted to thank you for the numerous times you've shared my work on X, and I wish you the best of luck with everything.*

Scott: *Thanks for passing that along. I'm so glad I helped.*

Me: *Thanks; you helped me a lot, and I will do my best to pay it forward.*

Note: *Out of respect for Scott's autonomy, I deliberately worded my message so as not to ask for anything or project any emotional needs onto him.*

A few hours after receiving that message, Scott then posted this on his page, in turn corroborating that this touched upon the core values he'd adopted at the end of life:¹³



Scott Adams ✓
@ScottAdamsSays

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I have a favor to ask.

If my work helped you, or someone you know, please follow my biographer and good friend [@joelpollak](#) and leave a comment here in case he wants to follow up with you on DMs.

It gives me great joy to learn about any contribution I made.

I tried to be useful.

6:37 AM · Jan 2, 2026 · 1.8M Views

Likewise, [once he passed a detailed note](#) was posted from his account stating:

- Scott made the decision on his deathbed to convert to Christianity in the hope it would help him in the afterlife (underscoring how we will all inevitably reach a point where we need a spiritual way to navigate the dying process regardless of how much the topic is ignored and put off).
- That he lived a life succeeding by conventional standards, then eventually realized what actually mattered to him was helping people and "I had an amazing life. I gave it everything I had."
- He was profoundly grateful for all the people his work had positively impacted, and that if you at all benefitted from his work, "If you got any benefits from my work, I'm asking you to pay it forward as best as you can, that is the legacy I want."

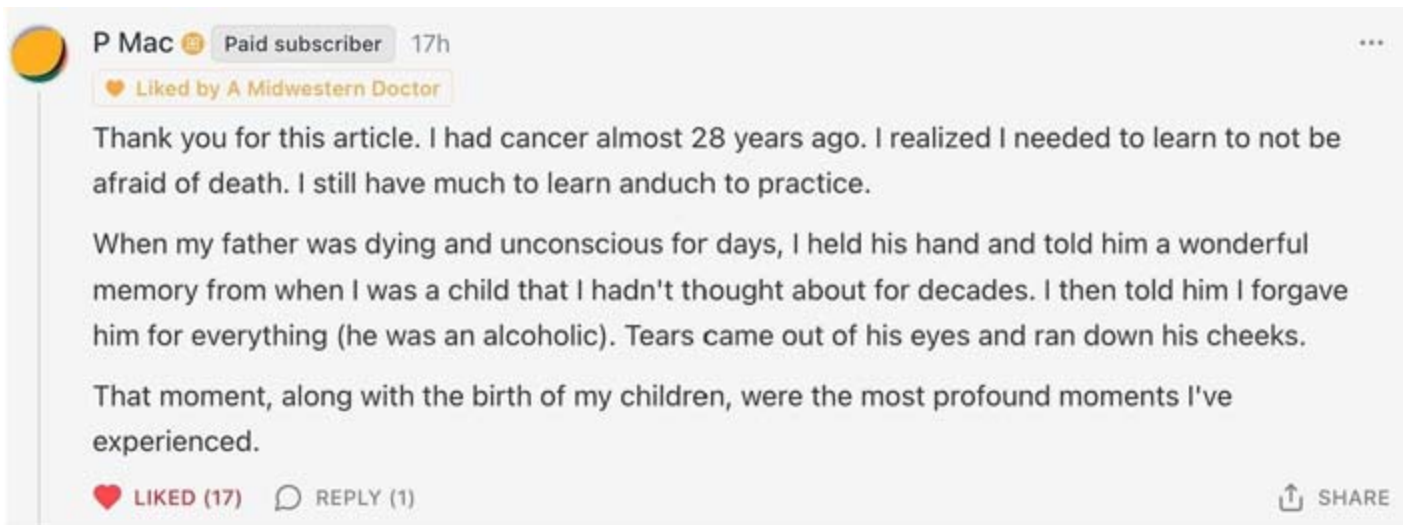
Note: *All things considered, I feel Scott handled his dying process quite well (particularly given how much more challenging it is when a large number of people are involved in what would otherwise be a very private process) and provided many vital lessons on the healthy ways to navigate death.*

What Really Matters?

Society always revolves around competing parties **trying to hijack your attention and resources** to gain wealth and power. Many people carry belief systems implanted in them that lead them to pursue things that do not bring joy or happiness. It is frequently only at the end of life that **these unhealthy filters break**, and people realize what actually mattered to them. Typically, that is some combination of:

- Helping and positively impacting the lives of others. On the opposite end, individuals who hurt others are often mentally tortured by it, particularly at death. I hence ascribe to the viewpoint many spiritual traditions have adopted — that many abhorrent things humans commit would stop if they could understand what they were doing to themselves each time they took such actions.
- Being authentic and living true to oneself rather than suppressing who they were to "succeed," expressing what they wanted to share (e.g., "I'm sorry" or "I love you"), and allowing themselves to feel emotions they'd long bottled up.
- Being close to family and friends who genuinely cared about them.
- Pursuing meaningful things with depth rather than being trapped in society's inane distractions.
- Taking time to care for their body and health rather than overexerting themselves in the societal rat race.

This powerfully reinforces why the medicalization of death is so problematic: the dizzying hospital process often strips away autonomy precisely when individuals most need it. Meanwhile, the clear-eyed perspectives of those nearing death offer something invaluable — a rare, unfiltered counterweight to society's pressure to chase superficial pursuits that so many later regret.



Note: *It is also often important for the dying person's associates to resolve what they have with them before the individual passes. People normally benefit immensely from some form of resolution before death (e.g., grief will affect them for a much shorter period).*

Consciousness and Death

One of the major tensions within our culture has been materialistic science (which effectively became our society's dominant religion), rejecting the spiritual aspect of our existence. While this mechanistic model can explain many phenomena, it falls short on aspects of the human experience interwoven with spirit.

For example, to explain consciousness (and intuition), a belief was adopted that all the neurons in the brain allow it to function as a magical super computer, and because of that, consciousness spontaneously arises along with it subconsciously giving birth to key aspects of the human experience that "unscientific" people erroneously attribute to spiritual mechanisms (such as intuition).

I've hence tried to touch upon the evidence science has collected that undermines its materialistic paradigm, [particularly in an article on organ transplantation](#) that discussed two of the greatest mysteries in medicine, where I provided evidence that:

- Many organ transplant recipients (particularly of the heart) **adopt the preferences, behaviors, memories, and personality traits of donors**. These changes are often so profound that transference seems the only explanation — particularly since recipients had no prior way to know those traits came from the donor.
- When CPR is successful, it creates a modern day miracle allowing the dead to come back to life. A large volume of reports have accumulated of individuals with "near death experiences" remembering what happened while dead, with consciousness existing outside the body (e.g., seeing their body from above or recalling everything in the room while brain dead).¹⁴

These points challenge a central dogma of science's materialistic paradigm — that consciousness resides in the brain and emerges from neural processing. This is particularly poignant for the dying process, since many who witness deaths report profound occurrences suggesting consciousness transforms and travels at death rather than vanishing into thin air once the brain "turns off."

Likewise, this recognition of spirit persisting beyond the physical body was foundational to how every tradition which has stood the test of time navigated the death process.

Note: Numerous spiritually attuned doctors and nurses I've met over the years shared that this drew them into hospice care — the most fulfilling part of their careers because of how much they helped patients and the profound experiences they had (some mirroring the literature on "Shared Death Experiences"¹⁵).



Patriot Boy



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This article reminds me of how Tucker Carlson shared his father opted for no drugs and total conscience at his death and I'd never heard of that before but immediately knew I would too.

Conclusion

Death is a core facet of the human experience, and like many, I deeply believe accepting it rather than denying and fearing it is critical for allowing one of the most critical moments in our life to proceed in the healthiest way possible.

Likewise, as I've tried to show here, I believe the medical industry's attempt to monopolize death to increase its market share has been one of the most detrimental things the medical industry has done to humanity.

With the dying process, one of the most important things is recognizing what the dying person actually wants and honoring it. My hope is that this article will give you critical insights for drafting your own living will and advanced care directive¹⁶ so your autonomy is preserved when you're least able to advocate for yourself.

Author's Note: *This is an abridged version of [a longer article](#) which goes into greater details on the points mentioned here, particularly the spiritual facets of dying and navigating the death transition. That article, along with the approaches we've learned are critical for improving the dying process can be read [here](#).*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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