

# The Blessing of Dying from a Stroke

## Editorial

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The experience and perception of death is not universal, these will depend on multiple sociocultural and demographic factors of each region. We would like to narrate an experience that one of the authors went through in our country and reflect upon it.

With the arrival of social media, the use of instant messaging apps and group chats has become very common, as they facilitate keeping in touch with multiple people at the same time. It is common that within a neighborhood one of these groups is created for communicating with the rest of the neighbors, give news and report any kind of suspicious activity.

One day, one of the neighbors told through the group chat that she saw a middle-aged man lying on the floor, outside a store, unconscious, that he was surrounded by a group of people and a couple of police officers and that later he was taken from the spot on an ambulance. Her concern was that the man had suffered some sort of violent assault because it was something that happened regularly in the zone that they lived in. The concern was spread throughout the rest of the neighbors and it worsened when they later found out that the man had died.

It was not until the next day that they found out what really happened, the event was caused by a “fulminant stroke”, as reported by the man’s daughter. What happened next has very surprising, mainly because we also experienced a similar feeling, the neighbors were relieved that a “natural” illness was the cause of death and that it had not been a homicide. There

were even comments like “Thank God” or “Thank goodness he died because of that and was not murdered”.

We found it shocking that even we, as physicians, reacted like that or shared that feeling. Why does the fact that someone did not die victim of a homicide comfort the people? Why did my neighbors consider it a “blessing”?

This experience prompted us to write this letter and to reflect upon the reason of this phenomenon and its implications. According to data published in 2018 by the National Institute of Statistics and Geography (INEGI, by its name in Spanish), in Mexico, 722,611 deaths were recorded, 88.4% were caused by illness and 11.6% by external cases such as accidents, homicides or suicides.<sup>1</sup> The top 6 causes of death were reported as follows: Heart disease (20.6%), Diabetes mellitus (14%), Malignant Tumors (11.8), Liver Diseases (5.4%), Homicide (5%) and Cerebrovascular Disease (4.8%). If divided by age group, “Accident” was reported as the main cause in the 1-14 years old group, “Homicide” in the 15-44 group, “Diabetes mellitus” in the 45-64 group and “Heart disease” in the >65 group. Cerebrovascular disease is the fifth death cause in the 55-64 group and the fourth one in the >65 group.<sup>1</sup>

In the same year, the rate of death registered as “homicide” for every 100,000 inhabitants was 29.3, with an absolute count of 36,685, being both the highest ever recorded. INEGI also reported preliminary data showing that in the first half of 2019, 17,198 homicides were committed, obtaining a rate of 14 per 100,000 inhabitants, the same rate that was obtained during 2018 in the same time.<sup>2</sup>

Death by homicide is big problem in the Americas region. According to data published by the United Nations Office

on Drugs and Crime (UNODC), this region has a rate of 16.3 deaths by homicide per 100,000 habitants, the highest worldwide. If the countries are evaluated individually, 18 of the top 20 with the highest rate are of this region. Mexico has the 13th highest rate, and the 3rd place globally in total death by homicide count, only behind Brazil and India.<sup>3</sup>

This shows convincing evidence that violent deaths are a real and concerning problem in our country, as well as in the rest of the region. People know this, and this is manifested day by day, in the way of living and experimenting daily life and the behavior towards death and disease. While chronic and degenerative diseases are the leading cause of death, this does not translate to a culture of prevention in the population towards them.

The violent reality that the country lives day by day may be an explanation to this phenomenon. The way my neighborhood reacted to that experience may also occur everywhere in the country and the rest of the region. It is more “comforting” to know that a person died from a cause perceived as “natural” than to do so from murder. Every day a large number of patients are admitted to hospital units because complications of a decompensated chronic illness and a pattern that constantly repeats in the background is that there is inadequate medical control, that there is no knowledge of what does the disease implies, its mechanisms or consequences, and that there is a little interest to fill this knowledge gaps.

How many of my neighbors know what a stroke is? Its causes, consequences, or prognosis? How to prevent it? How to recognize it promptly and activate the emergency medical system? I dare to say that very few of them do. This same concept can apply to the wide array of chronic and degenerative diseases such as hypertension, diabetes, obesity or chronic kidney disease and this may even apply to our current pandemic situation, in early June, we lived the most violent day of the year, with 117 murders reported, and it certainly impacted more than the 188 deaths caused by COVID-19 on that same day.<sup>4,5</sup>

We now know that chronic and degenerative diseases are the main cause of death worldwide, silent killers that took the center stage since life expectancy increased and infectious diseases were displaced from this spot, and Mexico is not the exception. But, again, the population does not seem to take this seriously. My country, as well as many others around the world, are hostages to violence. Our job as physicians is to change the perception that the people have towards those deaths, to make it clear that dying from a stroke or myocardial infarction is not “natural”, but rather the end point of a clinically relevant, preventable, and treatable disease.

It is easy to recommend in clinical practice guidelines and to the patients to make those “lifestyle changes”, diets and medical prescriptions, but, in reality, the patient’s compliance depends on a lot of factors and not just on the prescription of those recommendations. Yes, maybe we physicians are not making a good job in informing our patients in those aspects

of their diseases, but as long as the population remain hostage to violence there will be no real change and, the fact that my neighbor died from a stroke and was not murdered, will continue to be regarded as “a blessing”.

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