I wonder why we get so hung up about the hinterland between life and death? We appear to struggle with the notion of any kind of 'degree' of life or death and want it to be a clean-cut one or the other. In reality, unless you suffer near-instantaneous extinction, e.g. on the bumper of a passing Scania, there will be some 'fading out' process.

It is understandable that the average person may struggle with this concept. We've been brought up on a diet of dualist hogwash that envisages death as the *point* where the 'soul' leaves the body to ascend (or descend) to a higher (or lower) plane of existence (non-existence). But it isn't acceptable for medical professionals to think this way.

Watching this week's *Horizon*, entitled " Back from the Dead ", made me quite queasy. Not because of the surgical procedures, but because of the way that the well-established principles of therapeutic hypothermia appeared to be news to many of the doctors in the programme. The highlighted case of Anna Bågenholm and her resuscitation after some three hours in circulatory arrest, while absolutely fascinating, happened *eleven years* ago. How can it be that some medical professionals have never heard of her?

'Common sense' is often misleading, but what's going on here? Do these doctors not have fridges in their homes? Have they ever tried preserving the odd piece of food in them? You don't have to understand the innermost mysteries of mitochondria to get an inkling of the preservative effects of cooling on biological material.

Maybe the problem, with doctors at least, has more to do with where the acceptance of where the principle takes us: To the realisation that medical professionals are, in their honest ignorance, switching off and pronouncing dead, potentially viable people; to dealing with the logistical burden of using therapeutic cooling on *many* serious cases; to coping with a huge increase in the numbers requesting cryonic preservation of ready-hypothermic but pronounced family members.

Enough of the wide-eyed wonder. Cooling works, and we have known this for many years. Let's see medical policy and practice that deals with the established reality of the protective

properties of therapeutic hypothermia, wherever that may lead us.