

---

## When is the worst time to die?

---

PHD THESES

ØYVIND STOLE SIVERTSEN

The Journal of the Norwegian Medical Association

---

**The medical doctor and philosopher Carl Tollef Solberg defended his doctoral degree at the University of Bergen on 16 January 2018. Among other things, he reflects on counterfactual lives.**



Photo: University of Bergen

---

### For whom is death worst? Those who die, the bereaved or society?

Who do we cry for at funerals? Do we cry on our own behalf or on behalf of the deceased? A death can undoubtedly be negative for the bereaved, and grief can be an earth-shattering experience. The bereaved lose the opportunity to meet the deceased again, but above all, by dying, the deceased loses his/her own future, with all that it could have contained of positive and negative experiences. If the person in question is old and full of days, and the future involves great suffering, then death is less negative.

---

## What makes death bad?

Many of us have a strong intuition that death most often entails something negative, but why this is the case is not a given.

The experience of pain can be negative in itself. Death is first and foremost a comparative evil. Death is an evil compared to the future a person could have had if she had not died when she did. A secular death implies the absence of what we attribute a value to – either positive or negative – in our lives. When we reflect on whether death was tragic or not, we do not compare life to death. In a sense, we compare life with itself: actual life is compared to one or more counterfactual lives – in other words, what could have happened if the person did not lose her life when she did. For a centenarian who dies in an internal medicine ward, it could be just a vulnerable few weeks that are lost, while a young person who dies instantly in a car accident is deprived of an entire life span. The latter is, of course, more tragic.

---

## When is the worst time to lose one's life?

This is an uncomfortable question for many, but one to which – if we are to evaluate deaths in the field of global health – we need a plausible answer. Unlike surveys of what constitutes a good or poor quality of life and how to evaluate this, there are, to my knowledge, no reliable surveys of people's reflections on when the worst time is to lose one's life. However, the standard evaluative practice today is as follows: Prenatal deaths are ignored, while deaths immediately after birth are evaluated as the worst possible deaths. There are reasons to question this practice.

*«Many of us have a strong intuition that death most often entails something negative, but why this is the case is not a given.»*

There are at least two key factors: One is the size of the future one loses, and the other is the degree to which the individual is relevantly connected with this future. Undoubtedly, fetuses lose a great future by dying after 28 weeks of gestation (i.e. stillbirths), but they are not necessarily connected to this future in any relevant sense. The same goes for neonates. In my PhD, I argue that especially young children have much of both factors. I could imagine that death is worst somewhere in childhood, but not necessarily right after birth. There is more to be said on the matter, and I hope that more people dare to partake in this discussion in the future, especially considering how deaths are already evaluated in the field of global health today.

---

## What do you think your PhD will contribute to?

My work involves a type of theoretical basic research, very little of which has previously been undertaken. How we should evaluate the quality of life has been thoroughly discussed. If we avoid discussing how to evaluate deaths with equal thoroughness, we risk, at worst, prioritising large international health programmes on an erroneous basis. My work could help to improve the way we evaluate deaths. For instance, I provide reasons for including stillbirths in this evaluation, something which is not practised today. Illuminating and improving the way we evaluate death can have implications for how organisations such as the WHO view health in the Global Burden of Disease Study. Not least, it can provide us with a better tool for prioritising between major health programmes that will prevent deaths in different age groups.

---

### Doctoral defence

Carl Tollef Solberg. *Evaluating Deaths: Reconciling the Badness of Death Debate and Summary Measures of Population Health*

---

---

Publisert: 23 September 2019. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.19.0912  
© Tidsskrift for Den norske legeforening 2026. Downloaded from tidsskriftet.no 6 February 2026.