Do we have the ‘right’ to die?

Judith Dwyer believes we need to remove ideology from conversations about the end of life.

Any people working in health care think that decisions about ceasing treatment and ‘allowing’ people to die are best left to those concerned—patients, families and treating staff—within the current legal framework. Those who hold this position tend to think that the main policy problem is to protect staff (and sometimes family members) from the risk of criminal charges.

John Hill, the current South Australian Health Minister, took just this position during the recent debate on the Key/Parnell Voluntary euthanasia Bill in the local upper house. In a late intervention, he released departmental advice suggesting that amendments to the Consent to Medical Treatment and Palliative Care Act 1995 to protect staff would be a better alternative measure.

Until recently, I would have agreed with him. Any legislation runs the risk of creating or worsening problems that weren’t there or were manageable, even if it solves the problem you had in mind. We don’t want to see people at the end of their lives, particularly the frail elderly, feeling any obligation to hasten their own deaths out of consideration for those who must care for them, or those who will inherit their fast dwindling resources (often the same people). For their part, family members have an almost inevitable conflict of interest here, and many of them don’t want the responsibility of deciding on behalf of their failing bewildered elders.

But what about the terminally ill who are of sound mind, for whom just withdrawing consent to treatment won’t work properly? I’m thinking about a friend’s mother who was ready to go and chose to stop taking her blood thinner medication—why should she have to face a slow painful death from stroke and disability, with its associated hospital admission and all that involves, rather than the simple dignified death she sought? There are many such situations, where withdrawal of consent to life-prolonging medical interventions alone is not sufficient to ensure a dignified death.

This is a tricky, complicated set of problems. We need sophisticated solutions that skirt the many pitfalls and are supported with safeguards, even if the safeguards cost money (e.g. for involving impartial experts to assure sound decision-making if needed). What we don’t need is slick campaigning by those with interests far removed from those of terminally ill people, on either side. The person who holds a moral position that no-one, ever, in any circumstances, should have the ‘right’ to make a decision to die—because that decision is god’s alone—shouldn’t inflict that view on the rest of us. On the other hand, those who think that we have an obligation to pop off when we get inconvenient cannot be allowed have their way either.

Solutions won’t come easily. The issue affects so few of us at any one time (excluding as we must those who are approaching the end but can no longer make such a decision) that the dust and noise of opposition from ideological opponents will always seem overwhelming.

But the issue is less and less about circumventing the will of god or the natural order and more about helping people to implement decisions about withdrawal of treatment in a humane way. Even the Catholic Church recognises ‘the officious saving of life’ as something we don’t have to submit to. In any case, the issue won’t go away.

I simply ask you to think about how you want it to be when your time comes. My fantasy is something along the lines of being in a lovely familiar place, my own bed or a hospice, with remaining loved ones (hopefully I am so old that not many of them are left), a good load of pain-relieving peace-inducing drugs on board and my favourite music playing in the background as I gently and gracefully expire. I understand that this isn’t really how it happens. If that’s true, then I’d like to have the option of getting some help to make it more like that. I was able to assist my beloved cat—could we not be allowed that assistance for ourselves as well?