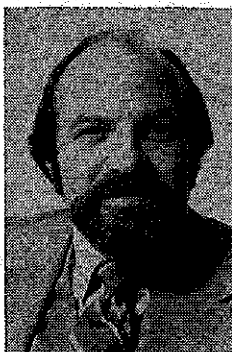


The Right To Die; And The Right To Die At Home

A patient of mine has recently talked of the death of her 75 year-old mother. The old woman was managed on a variety of medications, and careful balancing of these made it possible for her to continue existing, if only precariously, for a few years. These years of borrowed time provided an opportunity for the family to get to know the mother as a person, to make peace within themselves with many old hurts, and to accept and even enjoy her at times in a real adult relationship. When the complex balance of her many medications finally failed to work, the family was frankly told by the physician that the time was at hand when she would no longer be able to ambulate and take care even of her elementary needs. The choice was hospitalization and an artificial prolongation



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of life, or letting her die gradually at home. The family, with rare and admirable courage, decided to keep Mother at home, rather than increase her anxiety, loneliness and fear, the probable results of putting her in the efficient, but sterile, environment of a strange institution.

The weeks that followed were difficult and sad, but also very meaningful for the entire family. They watched the ebb of life slowly recede from Mother's fragile body. It brought father, brothers and sister together as they have never been before, and it made them all more conscious of their own living. The

family is a large one, so they were able to administer to the dying person without the interference of strangers, and without impersonal nursing care that often proves annoying and provokes guilt. They were not hampered by arbitrarily set visiting hours, nor did they sit with her as a matter of duty, yet someone was usually there when she was conscious and awake. They learned to accept her dying as part of the normal process of living. Much pain was present as they watched her helplessly lose ground, but at no time was Mother handled as a specimen, a case, or a job.

When she finally took her last breath, no tubes were attached to her, nor any pieces of machinery. She died peacefully with dignity in her own bedroom, with close members of the family standing by. In a real sense, she expired like a candle.

Contrast this with what happens to patients in hospitals. The details need no elaboration. Prolongation of life under similar circumstances is always useless and always a frighteningly expensive agony. It entails suffering for the dying person as it does for members of the family, who may be too timid or too guilty to insist that since life has its own rhythm, it be allowed to end when the time has come. Families, in effect, often abandon the dying into hospitals, washing their collective guilt with artificial gestures of uselessly long and unnecessary vigils. The cost to society of such needless hospitalizations is enormous and is heavily reflected in the escalating price-tag of medical care. It often

places a most difficult burden on the involved family, too. Nobody benefits by such procedures. Everybody is the loser.

Physicians need to be reminded that they are the only ones who can restore some measure of sanity into such difficult and guilt-ridden situations. The almost automatic recommendation that very sick patients be hospitalized should be carefully evaluated in each case. Insurance carriers would also be wise to consider compensating physicians equitably and fairly if they agree to trouble themselves and care for patients at home. Reasonable safeguards will minimize abuse of such a benefit while reducing hospitalizations that offer no hope of either restoring a person to life or minimizing his suffering. Many physicians fail to remember that letting a patient die is as much a part of good medicine as is helping others live and get well.

The American Civil Liberties Union, being guided by the confused emotions of its leadership rather than by reality, paradoxically understands less well than a convicted murderer on death row that the way of dying may be no less important to a person than the way he lives. Physicians, too, should reexamine their attitudes, feelings and values on such a delicate matter. The right of a person to live with dignity becomes meaningless and empty if we, as a society, rob him of his right to also die with dignity.

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