

The quality of mercy

AB 651 offers a compassionate choice

By Marcia Angell, M.D.

Death is not fair and it is often cruel. Some die young, others in extreme old age. Some die quickly, others die slowly but peacefully. Some find personal or religious meaning in the process, as well as an opportunity for a final reconciliation with loved ones. Others, especially those with cancer, AIDS, or progressive neurological disorders, die by inches and in great anguish. Good palliative care usually can help in these cases, but not always, and often not enough.

The problem is not just pain, although that can be devastating. Other symptoms, such as breathlessness and nausea, can be worse and even harder to relieve. There are no good treatments for weakness, loss of bodily functions, and helplessness probably the most important reasons for despair in those who are dying slowly, along with the knowledge it can only grow worse.

Just as dying differs, so too do people's hopes and fears about their own deaths. Most people probably hope for a sudden death in old age during sleep but not everyone. Some would prefer a slower death, to have time to prepare and to take leave of loved ones. For some, the ultimate terror is loss of their mental faculties. For others, it is intractable pain, and for still others, it is immobility, dependence and a loss of control over circumstances of their lives.

Experience in Oregon in the seven years since its Death With Dignity Act came into effect is illuminating. Under this act, patients with terminal illnesses may request physicians to help them hasten death by providing the necessary prescription. Physicians may legally provide it, if they so choose, and the state has kept careful records of the practice. Those records show the desire for control is a powerful motive for those who request help in ending their lives; or, more properly, in ending their protracted dying.

The California Legislature is now considering whether this option should be available to Californians as well. Assembly Bill 654 by Assembly members Patty Berg and Lloyd Levine would give Californians the same choice as Oregonians. It should be enacted.

There is no right way to die, and there should be no schism between advocates for better palliative care and advocates for making it possible to hasten death with a physician's help. Good palliative care and the right to make this choice are no more mutually exclusive than good cardiologic care and the availability of heart transplantation.

To require dying patients to endure unrelievable suffering, regardless of their wishes is callous and unseemly. Death is hard enough without being bullied. Like the relief of pain, this too is a matter of mercy.

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