

quipping with his joking partners and being cared for amicably by many members of his village. He showed me the spirit gate he would go through when he died. I remember telling him I admired the way he was preparing himself. His reply amounted to pulling my leg and chiding me for

not keeping an eye out to the possibility of inheriting something or at least show some interest in the local females. I had meant what I had said but was rewarded, none the less, with the inheritance of a young dog. I should have called it Enos.

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## SELF DELIVERANCE and SELF DETERMINATION

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by

Elizabeth Dickens

Euthanasia a good death. . . are the terms mutually incompatible? Or is the right to choose the time, place or manner of your own death indicative of an enlightened, and ultimately caring society?

Society is frequently confronted with ethical dilemmas which require pragmatic solutions, as the current debates concerning the law and embryo research or abortion reform exemplify. The debate concerning euthanasia is 'alive and well' and receiving attention from those who wish to make choices about death and dying - not only about what is available but also what is ethically acceptable.

When the Voluntary Euthanasia Society was founded in 1935, its

aim was to bring about a change in the law regarding people's freedom to choose a quick and painless death when confronted with an irreversible illness and to receive medical assistance in fulfilling this wish.

In the fifty-two years since the Society's foundation, there have been many changes in patterns of morbidity and mortality, Medical research and medical practice are now able to offer a much more sophisticated variety of measures to treat and cure. Terminal care has been immeasurably enhanced by the hospice movement and death and dying have appeared on the agenda and training of caring professionals. Given such technological advances, and a more overt recognition of the issues related to dying, it is not surprising that many people have

started to consider options open to them, and the question of the right to die.

### **Euthanasia and the law**

There is no current legislation dealing directly with voluntary euthanasia, but under existing legislation it is unlawful for anyone to ' . . . aid, abet counsel or procure . . . ' the suicide of another.

Over the last 50 years, there have been many attempts to bring in legislation on and around the issue of voluntary euthanasia which would allow someone help to end his or her own life. A new draft Bill exists to permit a doctor to comply with a severely incapacitated patient's wish for euthanasia, given a number of safeguards against misguided decisions. (This bill has been prepared on behalf of the Voluntary Euthanasia Society)

### **Public Opinion**

The most recent assessment of people's attitudes to voluntary euthanasia was made in 1985 when the Society commissioned a National Opinion Poll survey which showed that 72% of the population agreed that a doctor should be allowed to end the life of a patient suffering from an incurable physical illness at the patient's considered request.

Whether reflecting or creating public concern, the media have showed an unremitting interest in this issue and frequent requests for assistance in television and radio programmes have been made of the Society in recent years. On these occasions the predominant public response has been in favour of euthanasia.

When practising General Practitioners were surveyed about their views on euthanasia in early 1987 by NOP Market Research, 30% agreed with the concept of voluntary euthanasia when asked the same question as that put to the general public in 1985, referred to above:

"Some people say that the law should allow adults to receive medical help to an immediate peaceful death if they suffer from an incurable physical illness that is intolerable to them, provided they have previously requested such a help in writing."

Asked whether they would, or might consider, availing themselves of this option if it became legal, 45% said they would.

### **Dying with dignity**

For those who seek it, terminal care in a supportive environment with professional help for physical and emotional distress is a welcome development. The hospice movement has taken up this function in recent years and has received justifiable acclaim for the part it is playing. Both euthanasia and the hospice movement recognise people's needs for a dignified death by whatever means are acceptable to the individual. Just as for many the possibility of death is eased by a religious faith, or by the presence of loving support, so for others the possibility of being actively involved in decisions concerned their own death can bring relief and comfort.

### **The Case for Euthanasia**

The idea that people should take decisions affecting their own lives has increasingly come to the fore. Recently women have claimed the

right to have some say in the way they give birth to their own babies and this has created conflict with some medical professionals. Changes which transfer power from the professional to the lay person will not always take place smoothly as they represent a conflict of interests.

Ideally, decisions about how we come into the world could be planned in a similar way to those concerning our departure. In each situation all available information and the wishes and needs of the people most concerned should be shared, in order to reach an outcome acceptable to all parties, but mainly in the best interest of the person most affected.

Euthanasia, as practised in Holland today, does not involve giving detailed instructions to doctors about the exact circumstances in which euthanasia should be accepted. Instead they define the people who need to be involved in the decision and the care that must be taken in the decision process.

Having control over our own life is a valuable human freedom. This means we can make decisions about issues which are central to ourselves and our families. The right to die ultimately hangs on the freedom which most of us aspire to throughout our lives - that of self-determination. After a lifetime of being at the centre of decisions which affect us, self-determination can be a source of comfort and relief - either by calmly accepting the idea of death, or by claiming the right to die when one wants and how one wants.

If, as a society, we recognise that, in certain circumstances, any one of us may need to choose a quick and painless death, we need to recognise that right by law.

Some branches of the medical profession have felt that to participate in any act which shortens a patient's life is to abdicate responsibility for the care of the patient. We hold that to deny a severely incapacitated patient's wishes conflicts with high medical ideals of care and respect for the whole patient.

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