

## CHOOSING DEATH

"I WILL TAKE MY LIFE TODAY AROUND NOON. IT IS TIME."

With these words, posted online, Gillian Bennett, an 85-year-old New Zealander living in Canada, began her explanation of her decision to end her life. Bennett had known for three years that she was suffering from dementia. By August, the dementia had progressed to the point at which, as she put it, "I have nearly lost *me*."

"I want out," Bennett wrote, "before the day when I can no longer assess my situation, or take action to bring my life to an end." Her husband, Jonathan Bennett, a retired philosophy professor, and her children supported her decision, but she refused to allow them to assist her suicide in any way, as doing so would have exposed them to the risk of a 14-year prison sentence. She therefore had to take the final steps while she was still competent to do so.

For most of us, fortunately, life is precious. We want to go on living because we have things to look forward to, or because, overall, we find it enjoyable, interesting, or stimulating. Sometimes we want to go on living because there are things that we want to achieve, or people close to us whom we want to help. Bennett was a great-grandmother; if all had been well with her, she would have wanted to see the next generation grow up.

Bennett's developing dementia deprived her of all of the reasons for wanting to continue to live. That makes it hard to deny that her decision was both rational and ethical. By

committing suicide, she was giving up nothing that she wanted, or could reasonably value. "All I lose is an indefinite number of years of being a vegetable in a hospital setting, eating up the country's money but having not the faintest idea of who I am."

Bennett's decision was also ethical because, as the reference to "the country's money" suggests, she was not thinking only of herself. Opponents of legal voluntary euthanasia or physician-assisted suicide sometimes say that if the laws were changed, patients would feel pressured to end their lives in order to avoid being a burden to others.

Baroness Mary Warnock, the moral philosopher who chaired the British government committee responsible for the 1984 "Warnock Report," which established the framework for her country's pioneering legislation on in vitro fertilization and embryo research, does not see this as a reason against allowing patients to choose to end their lives. She has suggested that there is nothing wrong with feeling that you ought to die for the sake of others as well as for yourself. In an interview published in 2008 in the Church of Scotland's magazine *Life and Work*, she supported the right of those suffering intolerably to end their lives. "If somebody absolutely, desperately wants to die because they're a burden to their family, or the state," she argued, "then I think they too should be allowed to die."

Because Canada's public health service provides care for people with dementia who are unable to care for themselves, Bennett knew that she would not have to be a burden on her family; nonetheless, she was concerned about the burden that she would impose upon the public purse. In a hospital, she might survive for another ten years in a vegetative state, at a cost she conservatively estimated to be around \$50,000–\$75,000 per year.

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As Bennett would not benefit from remaining alive, she regarded this as a waste. She was concerned, too, about the health-care workers who would have to care for her: "Nurses, who thought they were embarked on a career that had great meaning, find themselves perpetually changing my diapers and reporting on the physical changes of an empty husk." Such a situation is, in her words, "ludicrous, wasteful and unfair."

Some will object to the description of a person with advanced dementia as an "empty husk." But, having seen this condition overtake my mother and my aunt—both vibrant, intelligent women, who were reduced to lying, unresponsive, in a bed for months or (in my aunt's case) years—it seems to me entirely accurate. Beyond a certain stage of dementia, the person we knew is gone.

If the person did not want to live in that condition, what is the point of maintaining the body? In any health-care system, resources are limited and should be used for care that is wanted by the patient, or from which the patient will benefit.

For people who do not want to live on when their mind has gone, deciding when to die is difficult. In 1990, Janet Adkins, who was suffering from Alzheimer's disease, traveled to Michigan to end her life with the assistance of Dr. Jack Kevorkian, who was widely criticized for helping her to die, because at the time of her death she was still well enough to play tennis. She chose to die nonetheless, because she could have lost control over her decision if she had delayed it.

Bennett, in her eloquent statement, looked forward to the day when the law would allow a physician to act not only on a prior "living will" that bars life-prolonging treatment, but also on one that requests a lethal dose when the patient becomes incapacitated to a specified extent. Such a change

would remove the anxiety that some patients with progressive dementia have that they will go on too long and miss the opportunity to end their life at all. The legislation Bennett suggests would enable people in her condition to live as long as they want—but not longer than that.

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