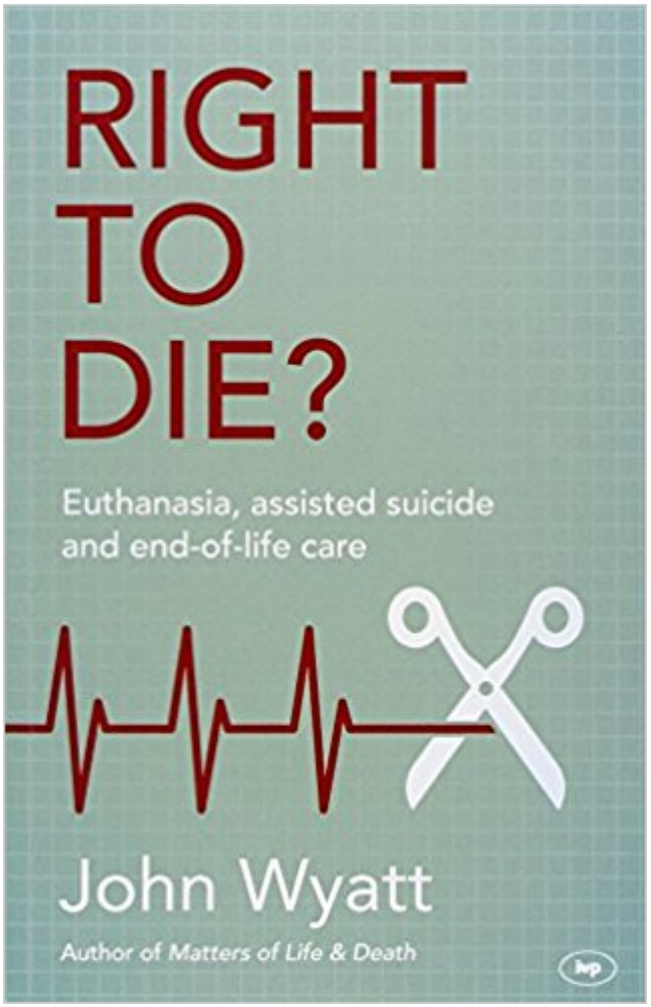
Right To Die?: Euthanasia, Assisted Suicide And End-of-Life Care



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Customer Reviews

Support for assisted suicide is growing. I have mixed feelings but Lord Carey is in favour and I oppose most things he says. On the other hand, Michael Wenham, whom I respect, is opposed.This book does not presume any medical knowledge as it seeks to help lay people understand the debate.The arguments in favour of the legalisation of assisted suicide and euthanasia are no longer focussed on unbearable suffering. Instead there is a rising demand for choice and control over the time and manner of our death, coupled with fears about the social and economic consequences of increasing numbers of elderly and dependent individuals.Although fear of pain is widespread, it has become apparent that with appropriate levels of medical expertise and palliative care resources, pain can be controlled. With skilled care and expertise no-one need die in agony. Now the central issue is the right to self-determination, and the diseases in focus are no longer cancer, but chronic debilitating neurodegenerative conditions such as motor neurone disease and multiple sclerosis.The author traces the history of euthanasia. Nazi Germany spoke of those who were ÃƒÂ¢Ã â ¬Ã Ëœof no slightest use to society.ÃƒÂ¢Ã â ¬Ã â„¢ 60% in the UK supported the Voluntary Euthanasia Society when it was founded in 1936. While the Netherlands allowed it for incurable pain, Oregon allowed as individual to decide if he thought his life was worth living.Cicely Saunders and many other pioneers of palliative care in the middle of the 20th century were motivated by Christian compassion to find ways of controlling physical and other forms of pain at the end of life. They discovered that, with skilled modern medical care, ÃƒÂ¢Ã â ¬Ã ËœitÃƒÂ¢Ã â ¬Ã â„¢s not necessary to kill the patient in order to kill the

painÃƒÂ¢Ã â ¬Ã â„¢.The demographic time bomb of increasing life expectancy is set to unleash new social forces. There is a nightmarish vision of the future, in which large numbers of isolated and abandoned elderly people are kept alive to suffer a pointless, lonely and degrading existence, thanks to improvements in medical care. Then there are spiralling healthcare costs, particularly at the end of life, with every medical advance bringing new and more expensive treatments. How can health planners find a way to control their runaway budgets?All this is exacerbated by the growing epidemic of AlzheimerÃƒÂ¢Ã â ¬Ã â„¢s disease and other forms of dementia. According to current predictions, someone born now has a one-in-three chance of developing some form of dementia in their lifetime. Martin Amis argues ÃƒÂ¢Ã â ¬Ã ËœThereÃƒÂ¢Ã â ¬Ã â„¢ll be a population of demented very old people, like an invasion of terrible immigrantsÃƒÂ¢Ã â ¬Ã Â¦ I can imagine a sort of civil war between the old and the young in 10 or 15 yearsÃƒÂ¢Ã â ¬Ã â„¢ time.ÃƒÂ¢Ã â ¬Ã â„¢He is fair to his opponents in that he accept that they act out of genuine, if misguided, compassion.Both Christian teaching and common humanity demand that we respond with compassion to ÃƒÂ¢Ã â ¬Ã Ëœthe desperate cries for help of terminally ill patientsÃƒÂ¢Ã â ¬Ã â„¢.But is killing the best practical and compassionate response that is available? CanÃƒÂ¢Ã â ¬Ã â„¢t practical compassion drive us instead to the provision of expert pain relief, psychological and spiritual support, and human companionship through the terminal phases of illness?Palliative care is better than ever before, though one of my former pupils, a Roman Catholic, argued passionately that his mother died in agony despite this. However, the author accepts that not all hospitals do palliative care well.The development of palliative care, pioneered almost entirely by Christian believers, is a striking demonstration of the belief that the process of dying need not be one of devastating loss and despair. The wellspring of modern palliative care was a Christian understanding of a good death. The goal of the pioneers was not only to help people to die well but also to help them live more fully before they died. The practical daily experience of all those who care for the terminally ill is that dying well can be an opportunity for personal growth, for self-discovery, and for the restoration and reconciliation of broken relationshipsWith a culture of increased patient participation, the introduction of the Patient Charter and the Mental Capacity Act of 2005, modern medical care is increasingly driven and controlled by patient choice. Why, if we have such choices about the rest of our lives, do we not have choice about the timing and manner of our death? Why, if we allow a mentally competent adult to refuse life-sustaining treatment, do we not allow that same adult to choose treatment which will bring about their death, within well-defined safeguards?At its most fundamental, Christian love says to every person ÃƒÂ¢Ã â ¬Ã ËœItÃƒÂ¢Ã â ¬Ã â„¢s good that you exist, itÃƒÂ¢Ã â ¬Ã â„¢s good that

you are in the worldÃƒÂ¢Ã â ¬Ã â„¢, to use the words of the philosopher Josef Pieper. The problem with euthanasia and assisted suicide is that in effect they say precisely the opposite: ÃƒÂ¢Ã â ¬Ã ËœItÃƒÂ¢Ã â ¬Ã â„¢s bad that you exist. It would be much better if you were not in the world,ÃƒÂ¢Ã â ¬Ã â„¢ItÃƒÂ¢Ã â ¬Ã â„¢s a shame that he resorts to quoting from that childÃƒÂ¢Ã â ¬Ã â„¢s bible, the NIV.There is some repetition.I would have found an index helpful.

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