

What does a good death look like when you're really old and ready to go?

May 25 2018, by Naomi Richards

[Hawaii](#) recently joined the growing number of states and countries where doctor-assisted dying is legal. In these jurisdictions, help to die is rarely extended to those who don't have a terminal illness. Yet, increasingly, very old people, without a terminal illness, who feel that they have lived too long, are arguing that they also have a right to such assistance.

Media coverage of [David Goodall](#), the 104-year-old Australian scientist who travelled to Switzerland for assisted dying, demonstrates the level of public interest in [ethical dilemmas](#) at the [extremities of life](#). Goodall wanted to die because he no longer enjoyed [life](#). Shortly before his [death](#), he told reporters that he spends most of his day just sitting. "What's the use of that?" he asked.

[Research](#) shows that life can be a constant struggle for the very old, with [social connections](#) hard to sustain and health increasingly fragile. [Studies](#) looking specifically at the motivation for assisted dying among the very old show that many feel a deep sense of loneliness, tiredness, an inability to express their individuality by taking part in activities that are important to them, and a hatred of dependency.

Of the jurisdictions where assisted dying is legal, some make suffering the determinant (Canada, for example). Others require a prognosis of six months (California, for example). Mainly, though, the focus is on people who have a terminal illness because it is seen as less of an ethical problem to hasten the death of someone who is already dying than

someone who is simply tired of life.

Why give precedence to physical suffering?

Assisted dying for people with psychological or existential reasons for wanting to end their life is unlikely to be supported by doctors because it is not objectively verifiable and also potentially remediable. In the Netherlands, despite the legal power to offer assistance where there is no life-limiting illness, doctors are [seldom convinced](#) of the unbearable nature of non-physical suffering, and so will rarely administer a lethal dose in such cases.

Although doctors may look to a physical diagnosis to give them confidence in their decision to hasten a patient's death, physical symptoms are often not mentioned by the people they are assisting. Instead, the most common reason given by those who have received help to die is [loss of autonomy](#). Other common reasons are to avoid burdening others and not being able to enjoy one's life – the exact same reason given by Goodall. This suggests that requests from people with terminal [illness](#), and from those who are just very old and ready to go, are not as different as both the law – and doctors' interpretation of the law – claim them to be.

Sympathetic coverage

It seems that the general public does not draw a clear distinction either. Most of the [media coverage](#) of Goodall's journey to Switzerland was sympathetic, to the dismay of [opponents](#) of assisted dying.

Media reports about [ageing celebrities](#) endorsing assisted dying in cases of both [terminal illness](#) and very old age, blur the distinction still further.

One of the reasons for this categorical confusion is that, at root, this debate is about what a good death looks like, and this doesn't rely on prognosis; it relies on [personality](#). And, it's worth remembering, the personalities of the very old are as diverse as those of the very young.

Discussion of assisted suicide often focuses on concerns that some [older people](#) may be exposed to coercion by carers or family members. But older people also play another role in this debate. They make up the rank and file [activists](#) of the global right-to-die movement. In this conflict of rights, protectionist impulses conflict with these older activists' demands to die on their own terms and at a time of their own choosing.

In light of the [unprecedented ageing](#) of the world's population and increasing longevity, it is important to think about what a good death looks like in deep old age. In an era when more jurisdictions are passing laws to permit doctor-assisted dying, the choreographed death of a 104-year-old, who died listening to Ode to Joy after enjoying a last fish supper, starts to look like a socially approved good death.

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