

On Learning To Die Gently

Dr. Todd Huffman, for the Portland Oregonian 21 May 2012

Death is one of the human constants. Fear of it is another.

It is not the being dead we're afraid of – it's the dying, most of all the bad death. We don't want to suffer. We don't want to linger. We don't want to be in pain. We don't want our loved ones to be in pain.

Who would deny that the sweetest fortune is to die in one's sleep? Or that to die at home, tucked in our own bed, is to die for? We should all be so lucky to die instantly, rather than by degrees.

Death comes to everyone. Longevity is a line with a terminus. The laws of nature have set for us a limit not to be exceeded, a boundary of life beyond which we are not meant to pass. The timing of the end of our time, of course, is much less certain.

More straightforward is the over-medicalization of dying. We are spending increasing time in hospitals in our final days, suffering through one upon another last-ditch effort that buys us at best weeks more institutionalization, the cost of which too often leaves behind a wretched inheritance of financial hardship.

According to the Dartmouth Atlas Project, which tracks health care trends, a swift catastrophic end is the exception. For more than four in five Americans, death comes only after a long struggle with an incurable illness, such as cancer, heart or respiratory failure, or Alzheimer's disease. And more than four in five such patients say they want to avoid hospitalization as their earthly life comes to a close.

But that's not what's happening.

So desperate are we to prolong our curtain calls that hospitalizations during the last six months are rising. The average time spent in hospice and palliative care, which stresses comfort and quality of life once an illness becomes incurable, is falling. The fatally and frightened ill, or their anguished surrogates, are choosing needless medicine over comfort care, compounding and prolonging physical torments beyond any sensible point.

We have become a society that does not allow those who are close to death to die quickly and peacefully.

As a result, people today are actually sicker than ever as they die. Patients agree to treatments in the end more injurious than was their illness. Families push for treatment, only to discover that there are worse things than having someone you love die.

Doctors, pressured to press on, practice "exhaustion medicine", over-treating fatal illness until there are no options remaining to stave off death. All involved feel powerless to brake the seemingly unstoppable momentum of medical treatment. Life in its waning days is ignoble, and death with tubes emerging from every orifice is indecent.

At some point in life, the only thing worse than dying is being kept alive. Months of pain, dread, grief, exhaustion, false hope, even horror – so obscene the uselessness of misery.

More precious time at home at life's end could come sooner if families knew how to talk about alternatives to aggressive treatment. Conversations should be had about what lengths to go before we each – as is likely – one day become seriously or terminally ill.

We have no choice about dying, but we do have a say in the circumstances. At least once, the conversation should involve our doctors.

Right-minded politicians recognize that as a nation we are poorly matching treatments to patient goals and wishes during serious illness and at the end of life. Necessary to correcting this imbalance is facilitating end-of-life counseling – well before our days are done – between ourselves and our physicians. And necessary to such counseling is reimbursement for the physician's time and guidance.

This sensible and humane idea has been withdrawn under duress time and again due to nonsense about government "death panels", the phrase at once politically brilliant and terribly misleading issued by cynical politicians joined in connivance with talk-show demagogues trafficking in fear – in this case, our fear of death and dying, and of loss of independence.

Aren't we all in favor of counseling and palliative care being available to the terminally ill? Shouldn't cancer patients, as well as people with failing hearts and lungs and minds, get better end-of-life guidance? Why is this idea politically controversial?

This isn't about euthanasia. It isn't even about skyrocketing health care costs, though without some national course correction from excessive late-in-life treatment to wide use of hospice and palliative care our extravagant attempts to cheat death will one day bankrupt us as a nation.

Americans need remind themselves that there is no Constitutional right to life everlasting. It's about living life and death with dignity, and learning how to let go. Too many are unprepared for the final stages of life, or of a loved one's life. We must learn better how to die gently.

As for me, when I become threadworn and brittle, when my days and spirit are dwindling, mercy calls that my end not be excruciatingly slowed by artificial means after any meaningful form of life remains to me. Such a denouement would make a parody of the fullness of my life.

All that I ask – don't you? – is that my doctors, having been consulted beforehand and compensated for their time, guide me to an easeful death. To deny that to me and to my loved ones would be to add cruelty to misfortune.