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Letting go

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We were having a cup of tea the afternoon my wife, Ann Pepys, died last November aged 85. At the exact moment the power pack of an Xbox being operated by our youngest grandson blew up, plunging the house in darkness.

She wanted to die, and we realised she meant it. She had had a wretched summer, with several falls and difficulty getting about; she found it hard to read or embroider because of double vision; a keen plantswoman, she said there was no point living if she could no longer garden. A medical check and attendance at a falls clinic did little to improve morale. Matters came to a head with the sudden onset of heart block and her urgent admission to hospital. That evening she had a cardiac arrest for which she was shocked, in spite of providing the staff with an advanced directive stating that she did not wish to be resuscitated. A pacemaker was inserted but did little to improve matters, and she spent a week in a depressing geriatric ward because of a slight fever.

We had difficulty in persuading the doctors to let us take her home and were required to sign her out against medical advice. During the last fortnight of her life, surrounded by our four children and their families, she was able to talk and laugh and share in the gossip till near the end. Professional support was impeccable: practice doctors came on request, and our own doctor appeared regularly on the doorstep 'to see how you're getting on; relatives need support as well, you know'. District nurses came every day to regulate the morphine and midazolam pump; in spite of a heavy caseload they seemed to have all the time in the world. One small incident marred the smooth transition from life to death. Early on a suggestion was made that we should have a series of blood tests 'just to make sure there is nothing treatable'. Our unanimous rejection was somewhat coldly received.

My wife and I began to take an interest in euthanasia 40 years ago, soon after the introduction of cardiopulmonary resuscitation and intensive care gave doctors the power to manipulate life and death. Over what seem endless years the debate about its acceptability has swung back and forth, with polls indicating that most people want an easy death and legislators in general broadening their view. We have been quietly optimistic that the time is coming when euthanasia is normal practice and society will wonder what all the fuss had been about. We believed strongly that each individual should have the right to choose a way out, when life becomes intolerable, rather than suffer the interventionist nightmare that is so often the fate prescribed by modern medicine. The decision (preferably in advance) must be left strictly to the individual and must never be influenced by friend or foe.

Attempts to legislate in favour of euthanasia by the House of Lords have so far failed, in spite of extensive safeguards, because of fears about mercy killing. Yet more than half the complaints about hospital treatment concern the last years of life, and we know only too well that patients travel abroad to countries that are less rigid in their attitudes to the ending of life. Euthanasia is illegal under British law, but the fact that no one has been successfully prosecuted is currently the subject of intense debate.

When the time comes we are entitled to die with dignity, and one of the options should be euthanasia. Of course, we appreciate the strength of feeling that separates euthanasiasts from those who believe that life should be preserved at all costs. We respect their views and hope that they tolerate ours. We are not trying to persuade them to join us: that way lies conflict and the tactics of fanatics, like the antiabortionists in the USA.

Discussion of such an emotive topic also requires that we should be careful with the words we use. Euthanasia means 'the bringing about of a gentle and easy death'. To label it 'assisted suicide' (how often is true suicide assisted?), when suicide implies taking life because of profound depression and despair, turns a carefully thought through decision to end life into something that is distasteful and continues the myth, exploited as usual by the press, that euthanasia is a nasty business. And to describe it as 'doctor assisted' alienates a profession that ought surely to be sympathetic. Doctors unfortunately are taught from the beginning of their training to preserve life: in the words of a medical friend, 'no effort should be spared to snatch life back from the jaws of death by death defying hospital staff, no matter what the quality of life and the wishes of the patient'. No wonder that polls of doctors' organisations record a minority in favour of euthanasia. Call it 'assisted dying' if you wish, though it does not necessarily have to be assisted.

In the early days, inoperable cancer and intractable pain were the usual reasons for hastening death, not always admitted because of the law. It is a measure of society's increasing comfort with euthanasia that chronic, incurable conditions such as motor neurone disease, multiple sclerosis and irrecoverable stroke are beginning to be accepted as grounds for it. I have included dementia in my living will and have completed an enduring power of attorney to that effect, in the hope that such cruel loss of identity will be included in due course. It is good to see that the more humane countries of Europe are promoting 'tired of life', 'suffering through living', and even 'a wish to die'.

My wife and I felt that it was time doctors stopped playing God and realised that some people just wanted to let go. At least we were not forced to take her to Switzerland, a disgraceful alternative brought about because Britain will soon be the last country in Europe to accept euthanasia.

Competing interest

AP supports Dignity in Dying (www.dignityindying.org.uk).

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