FORUM

A personal view of assisted dying

Anonymous

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My mum's vomiting started just after Christmas. She was admitted to hospital a month later. One week later she was diagnosed with inoperable cancer. A tumour was blocking her duodenum and swallowed food could not progress beyond her stomach into her intestines. The tumour was also beginning to block her bile duct so she was going jaundiced. Surgery and radiotherapy were not options; chemotherapy could be tried but was unlikely to have much benefit.

My mum knew what she was faced with. She also knew that nothing was going to make any difference to the final outcome – she was going to die from this tumour. The doctors offered to push a tube through the duodenum so that liquids and sloppy food could pass through. This would involve having to swallow 'the camera' again and her first two experiences had been enough to put her off trying again. Pushing a different tube up the squashed bile duct might reduce the jaundice but that too would involve swallowing an even wider tube and an even more uncomfortable procedure. None of these procedures would make any difference to her prognosis. The tumour would still kill her. It was just the doctors' way of trying to make her last few weeks or months more tolerable. She had been unable to eat or drink since Christmas without vomiting most of it back. Drugs did not help. The nausea was due to the blockage and there was nowhere else for the food and liquid to go other than back out. Feeding tubes placed in her small intestine to bypass the blockage fell out. In theory tubes placed in her stomach could be used to withdraw the collected liquids but these either fell out or did not seem to work.

My mum knew what was happening. She knew she would not get better. She knew there was nothing useful that could be done and she wanted to die. 'You would not treat a dog like this', she told the consultant after he told her yet again that letting her fade away on a morphine cloud was not an option. The doctors did not have that option on their checklist. If she could not pretend to have pain then morphine or its equivalent could not be administered to ease the distress of dying. It just could not be done. One weekend we managed to get another team of doctors to stop an omeprazole infusion, that made her feel even sicker, and the heparin injections designed to prevent a deep vein thrombosis. We even managed to get them to start morphine patches giving her a few hours of calm. But these changes were reversed on the Monday when the previous team took over. These doctors were fixed on the idea that she had to be given every chance to live out her life until the tumour decided to kill her. They were unable or unwilling to balance this against the fact that she was extremely weak from blood loss, had not eaten for two months, had an incurable cancer, felt degraded by what it was doing to her and her family and wanted to die.

In the last few weeks of her life she was more focused and alert than I had seen her for years. Deafness that before had been conveniently ignored was now a weakness that had to be compensated for. We were told to speak up and stop whispering – she wanted to hear everything. She was alert to every change in the ward and was not reluctant to criticise our appearance. It was not until she got to the hospice that proper terminal care was offered. She lasted 48 hours before a morphine infusion ended her life.

Although the various needles and tubes stuck into her body hurt, at no stage did my mum have severe pain. She felt sick and bloated all the time and vomited repeatedly; drug therapy for this was not effective. She was uncomfortable, miserable, frightened, extremely weak, nauseated and cross. Cross with the doctors who were unable to offer her a dignified and easy death. Thirty years ago as a houseman I had seen my consultants manage patients who wished to die with much more humanity and confidence than this generation of doctors did. As an NHS consultant I had naively believed I could protect my family from the vagaries and occasional stupidity of the medical services. This experience proved me wrong. The system did not allow the patient to choose. There was no option that would allow a patient, who was mentally competent and well informed, to take the option to die when they chose to. The doctors actually went out of their way to prevent complications that might inadvertently cause or promote death even though these manoeuvres might cause more distress or discomfort. They had been taught that they could not intervene. My mum had to die at the hands of her tumour by a combination of starvation and blood loss.

No one wants to die but we all will. When it is our turn we would like to think that we had the option of choosing to go easily and peacefully before we are reduced to a helpless, weakened, vomiting invalid who has lost the will to live.

I am sure that the professionals among you will criticise the medical care offered and talk about suboptimal management. I do not believe that my mum's medical care was suboptimal; it was normal. Individual doctors knew very well that death was inevitable and easing her to death was the right thing to do. It was simply that this was not an option. If they did, someone would be bound to complain. We have lost our confidence about how to manage patients who wish to die. We need to get it back before it is our own turn to go.