

Won't somebody help me?

by Marilyn LaCourt

To whom does your body belong?

To God? To your family? To your country? To your doctors? To your psychiatrists?

Who should be in control of whether you live or die? When? Under what circumstances?

When will we, with our big brains and our incredible advances in technology and modern medicine, ever replace religious dogma and myths with humanitarian empathy?

Oh, yes, this is an outrageous proposition, but no more outrageous than abortion on demand or equal rights for blacks and women. Did you know that black men got the vote before women of any color?

When, if ever, will ordinary citizens have access to lethal injections to end the lives they no longer wish to live?

Forty years after *Roe v. Wade* made abortion legal in this country, we are **still** fighting for a woman's right to her own body. I predict it will take at least another century or more before an adult person, female or male, will win the right of humanitarian jurisdiction over her or his own body.

We have developed all sorts of medical means to prolong life. I support those who want heroic medical interventions to save or prolong their lives, whatever their reasons, without reservation.

I believe we ought to have legal jurisdiction over when and how we die. We ought to be able to avail ourselves of humanitarian help with our decision to live or die.

You might think that is a radical idea. Let me tell you about my friend.

She's 80 years old. Her husband, upon whom she was very dependent both physically and emotionally, died a year ago. She suffered from debilitating depression even before he died. I think she was already envisioning a future without him. He loved her and cared for her, perhaps enabling her dependency.

Until he took ill, she led a fairy tale life with him as her Prince Charming and her, his princess. When he was no longer able to drive, she saw it coming. When he died she was whisked out of the condo she shared with him, the home she loved, and dropped into an assisted-living situation. It needed to be done. She was both physically and emotionally incapable of caring for herself. At first she seemed grateful for the help with her relocation.



Picture above is the author of this article
Marilyn La Court.
She is a poet and writer residing in
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She has no living biological family and only a few friends who are not in much better physical and emotional shape than she is. She has two nieces, her late husband's brother's children, who are charged with her physical, emotional, and economic well-being. They work very hard and do the best they can, given the cards they have been dealt.

Economically, she has been comfortably set up in an assisted-living situation. She should be happy, don't ya think?

Her nieces jump and fetch and take care of her physical needs. They deal with the system to make certain she is physically comfortable and economically cared for. They deal with her health insurance quagmire. Another aunt, who is also old but in good physical and psychological health calls them angels.

But let's look at it from her point of view. She is totally dependent on her well-meaning caretakers serving a life sentence, in a "prison" she can never escape. She experiences some degree of dementia. Ah, glorious dementia, a kind way the brain has of making reality less real, less accessible, and

possibly less painful.

Then, one day, while attempting to get up out of a chair, her foot falls asleep.

She falls, breaking her hip and her ankle. Both could easily be repaired, but she is immediately carted off to the hospital. Her nieces are summoned, and before she knew it she's in the operating room receiving a hip replacement and a cast on her ankle.

When she begins to recover from her physical injuries, she is confused and in pain. She is moved to a recovery unit in her assisted-living "home." She is visited by a couple of in-laws who are old and have survival issues of their own. They wring their hands and say they understand, but do they, really? Do we, really?

Does it surprise anyone that she wants to die?

It gets worse.

Her replacement hip "pops out" and she is sent back to the hospital by ambulance. "Never mind, Dearie, everything will be okay," well-meaning caregivers attempt to reassure her. One of her nieces rushes to make the two-hour drive to the hospital in order to give the okay for the surgery. She has stated a number of times, in her more lucid moments, that she just wants to die.

She is not a religious woman. She has no illusions about joining her soul mate in heaven. She just wants the pain to go away. She cries, “I don’t know what to do.”

However, she does not qualify for a diagnosis of “terminally ill.” She is not eligible for hospice care where at least she could be kept somewhat comfortable with drugs until nature would take its course and she would die.

She does not even have the resources to take her own life. No gun and her access to pain pills is highly controlled. She is clearly a victim of a system that requires that she suffer a long life in the prison of her own body controlled by others.

The following is an excerpt from a Hospice Care Organization in her home state. See this link for more information: <http://bit.ly/ZijgsE>

Eligibility Section:

Hospice care can begin when curative treatment is no longer desired or expected to be effective. Hospice neither hastens nor postpones death, but recognizes dying as a normal process and seeks to help patients and their families prepare for death mentally and spiritually. Hospice patients have life expectancies that are expressed in months, weeks or days. An individual's attending physician makes this determination.

What will happen to her?

This is one of those nightmare cases that some find justifiable within their religious parameters: But the reality is that her treatment is inhumane and immoral — akin to “torture in the name of God.”

Why should this woman continue to suffer, with no quality of life, and with only one wish — to die? But who among us will willingly put his or her life on the line to ease her from her tortured existence? When will we find it in our hearts and consciences to honor a request for a humane death with dignity?

Given our current legal system, even doctors, perhaps especially doctors, who possess the means with which to actually help her achieve her goal will not risk their lives to do so.

Her well-meaning “relatives,” people she first met when she was nearly 60 years old and married into “the family,” mean well. However, they do not understand the limbo into which she has been cast. They don’t understand that their well-meaning advice to get involved in the meager life of which she could still avail herself, according to them, falls on deaf ears. Get involved with other people in the home, attend activities provided for you there, go to the gym, get in shape, they advise her. Here’s the crux of the matter. They want her to want to live.

Her cries for pills are seen as a weakness, a wish to have some magic comfort from her pain. Yes, well then, they could just as well be cries to exit this life that she finds so scary and unbearable, without him. Could they not?

“Won’t anybody help me?” she screams. Oh, that I could.

What is wrong with us?

Where is our sense of human kindness?

At Oregon’s Compassion and Choices site (see: <http://bit.ly/16VOwjF>) you will find the following guidelines regarding the Death with Dignity Act:

What are the safeguards and guidelines in the Oregon Death with Dignity Act?

- 1. The Act requires the patient give a fully informed, voluntary decision.*
- 2. The Act applies only to the last six months of the patient’s life.*
- 3. The Act makes it mandatory that a second opinion by a qualified physician be given that the patient has fewer than six months to live.*
- 4. The Act requires two oral requests by the patient.*
- 5. The Act requires a written request by the patient.*
- 6. The Act allows cancellation of the request at any time.*
- 7. The Act makes it mandatory that a 15-day waiting period occurs after the first oral request.*
- 8. The Act makes it mandatory that 48-hour (2 days) elapse after the patient makes a written request to receive the medication.*
- 9. The Act punishes anyone who uses coercion on a patient to use the Act.*
- 10. The Act provides for psychological counseling if either of the patient’s physicians thinks the patient needs counseling.*
- 11. The Act recommends that the patient inform his/her next of kin.*
- 12. The Act excludes nonresidents of Oregon from taking part.*
- 13. The Act doctors must be licensed in Oregon.*
- 14. The Act mandates Oregon Health Division Review.*
- 15. The Act does not authorize mercy killing or active euthanasia.*

The Act does not authorize mercy killing or active euthanasia. I repeat, do you think there is redemptive value in suffering?

Yes? No?

So, I guess, my friend will just have to wait for a doctor to determine that she has a “terminal illness” that will kill her in six months before she can get even a modicum of comfort from her pain. Then she will have to jump through all the hoops mentioned above. She cannot even choose to take her own life because the means with which to do so are denied to her.

When will we, with our big brains and our incredible advances in technology and modern medicine, ever replace religious dogma and myths with humanitarian empathy?

Oh, yes, I know there are a zillion slippery slope arguments against legalized euthanasia. One last thought:

How is it that we can use our advanced technology (think drones) to kill our enemies and hundreds of innocent people in the process, but we cannot use medical means to release long-suffering people from a life they want to leave? Where are the slippery slope arguments here, and where are the safeguards? How much thought and consideration has gone into the practice of using drones, and the “collateral damage” they cause?

What is more dangerous to society, legalized euthanasia or drones? □