

At the End of Life (3) Request for Hastened Death

Description

A sharing by Tan Yew Seng

The drawing depicted an encounter with a sick elderly patient who requested for hastened death. What was probably represented in "I can't see, I can't hear" was the despair of incapacity, purposeless and almost certainly the meaningless of the current suffering and life. But despite this somber theme, this picture was different from the earlier pictures in its remarkably cheerful colours. It was also probably significant that the hand appeared to be reaching ambiguously for the capsules and heaven. Perhaps the artist might support the patient's proposition? Herein lies the ethical confusion that often comes with the patient's request for death.

Healthcare workers very quickly become absorbed by the ethical dilemma of assisting suicide and their own struggles with the patient's suffering. They get hooked by their own sense of helplessness and grief as they grapple with constructing themselves in the epicenter of the equation.

This only reifies the hopelessness of the situation, so much so that relief by death seemed like the only way to alleviate the patient's suffering and healthcare worker's perplexity. To add to the confusion, the ethical principles of "autonomy" and "social justice" are sometimes thrown in to support that assertion.

But the request for death can have different meanings, such as a cry for help, an expression of distress, a hypothetical exit plan, in addition to being a true desire for hastened death. But even if a patient truly desires death, what needs to be deliberated however, was the expression of the patient's experience that was communicated to the medical student, which may be paraphrased as "I am suffering so much because of my incapacity, symptoms, sadness, loss of dignity....that I find little reason to live this way".

The desire for hastened death often occurs in the background of hopelessness, depression, unaddressed physical distress and it may improve with physical functioning, spiritual and personal sense of wellness.

The more important question therefore, is whether we have focused enough attention on these areas of care for our dying patients, so as to mitigate their suffering before it descends into such states of

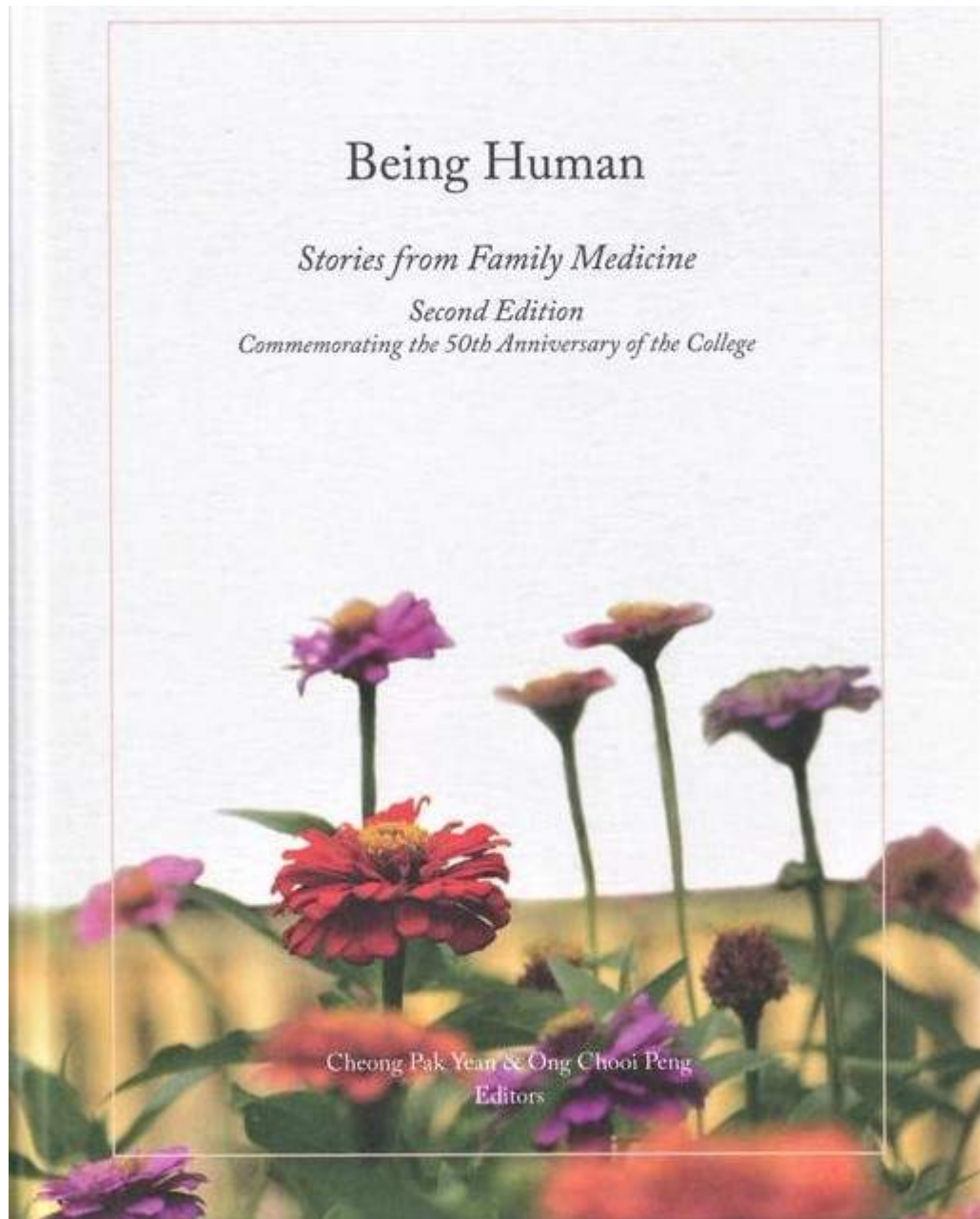
despair and desolation.

But some may argue that while there are some remedial issues, the suffering of mortality is inevitable and intractable. What can we do to treat someone with such suffering?

The only way I know that will serve a patient in the throes of mortal agony is to come alongside as another mortal. That involves the willingness to stay open to the full experience, to lean into the suffering, to bear witness, and to offer our presence and any other actions that may validate the worthiness and dignity of dying. It requires that we constantly acknowledge our humble position as the novice, and that the dying person and death are our teachers.

It is also vital to realise that these are teachable and trainable skills, not innate personal traits. And it is worthwhile spending the time to develop them, lest in our delusion about our technical prowess, we become oblivious to the patient's real suffering, or worse, seek to bring about death, in order to solve death.

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The commentary and vignette were reproduced with permission from the book “Being Human, Stories from Family Medicine” edited by Cheong Pak Yean and Ong Chooi Peng and published in 2021 by the College of Family Physicians Singapore.

Pictures of illness experiences were drawn by NUS medical students in workshops conducted from 2012-2017 by A/Prof Cheong Pak Yean. Senior family physicians subsequently shared vignettes and commentaries based on the pictures.