

There's another way to die with dignity

By Michele Ferguson

Sunday, December 30, 2007

As the medical director of HospiceCare of Boulder and Broomfield Counties and a board-certified physician in neurology and hospice and palliative medicine, I've had the great privilege to share in the final moments of many good and courageous people's lives.

So it's not surprising that I was drawn to the cover story of the Dec. 2 issue of the New York Times Sunday Magazine, "Death in the Family." Harder to explain is the vast chasm between my perspective on death and Booth Gardner's, who is the protagonist of the article, the former governor of Washington State, and one of the leading campaigners for a law that would allow physician-assisted suicide there if he and like-minded activists succeed in getting it passed by popular vote on election day 2008.

Gardner's position, shared by Dr. Jack Kevorkian and others in the self-titled death-with-dignity movement, is that the Parkinson's disease he is fighting will one day lead to such unbearable suffering that life will no longer be worth living. Permitting doctors to legally prescribe lethal doses of narcotics will ensure that, when the time comes, he and other terminally ill individuals can choose death over their intolerable existence. After all, says Gardner, it's his life. Shouldn't it also be his death; his control?

My short answer to this question is yes. Working at HospiceCare, where honoring every patient's end-of-life choices is a core value, I have no dispute with Governor Gardner's desire to make his own decisions as life draws to an end. What I do challenge, however, is the premise on which he seems to be basing those decisions -- that is, that there are only two ways to die; in distress or by suicide. As I and many others who care for the dying can attest, there is, in fact, a third option. Hospice care.

It is true that many diseases, such as metastatic cancer involving nerves or bones, can cause terrible pain at the end of life. And one could argue that pain management has not been taught or practiced well in the not-so-distant past. But in recent years, much has been done to advance the practice of palliative and comfort care. Today, through the expert care of physicians and nurses, excellent medications, adjuvant medical treatment and alternative therapies, the pain and symptoms that often accompany terminal disease can be managed for those who choose hospice care.

The statistics at HospiceCare bear this out. In fact, of our patients served from October 2006 through September 2007, 93 percent reported that they received the right amount of medication to manage their pain. Moreover, 92 percent of respondents during that same time period also said they were provided with the right amount of help both in dealing with trouble breathing and in coping with anxiety or sadness. All good indicators that

hospice care alleviates the suffering Governor Gardner anticipates as his disease progresses.

However, these numbers alone don't adequately convey the incredible difference hospice care can make to those at the end of life. In my work, I am reminded every day that when terminally ill individuals receive expert, compassionate care from an interdisciplinary team of hospice professionals -- when pain is controlled, dignity is upheld, wishes and values are honored and fears and concerns are allayed -- they can find richness and meaning in all the days that remain to be lived. Time and again, I've seen how physical suffering can be relieved, broken family relationships can be repaired and hope can be restored to those who are dying and their families. As a result, I've learned never to underestimate the healing power of hospice.

That said, I recognize that even with the benefit of our care, there may be those whose physical pain cannot be completely relieved or whose emotional anguish goes unabated. But I also know that these individuals have choices other than physician-assisted suicide. By making their wishes known ahead of time, they may refuse a feeding tube, forgo treatment for pneumonia or other infections, or voluntarily stop eating and drinking in order to maintain control at the end of life. These are all legal options. And they're all supported by HospiceCare and other hospice organizations.

Yes, it may be a luxury for one like me, who is well, to voice my opinion about matters that concern those like Governor Gardner, who is not. However, if I become terminally ill, I know what my choice will be. And my fervent hope is that Governor Gardner and others who are desperately seeking relief for their suffering will also choose hospice care. It's available to everyone, regardless of ability to pay. And from my point of view, it is an infinitely better option for patients and their families.

Michele Ferguson, M.D., is medical director of HospiceCare of Boulder and Broomfield Counties.



© 2006 Daily Camera and Boulder Publishing, LLC.

Accessible at: <http://www.dailycamera.com/news/2007/dec/30/theres-another-way-to-die-with-dignity/?printer=1/>