



Photo Credit: Australian Delirium Association

Dying and the question of dignity

Annamarie Hosie, Eureka Street Online, 25 May 2021

As a palliative care nurse, I have been privileged to be with many people at the time of their death. People of different ages, nationalities, professions and family histories, in homes, hospitals and aged care facilities. Dying is hard work, perhaps the hardest we will do; although living through the death of a person we love might be the toughest task of all.

And yet on the faces of people close to death and those around them, I have seen not just fear, sorrow and pain, but smiles, winks, joy and flashes of pure love, too. This writing is to share just a few of the many profound moments I have witnessed in my work, which I believe speak to our human dignity in a way that euthanasia and assisted suicide never could.

One night, I was called to see a man at his home. He lived with his family, was in his fifties and had advanced cancer. His wife asked me to come because his breathing and consciousness had changed, and she was anxious for him. He lay on the bed, she and their three young adult children close by. Sitting on the side of the bed, I carefully looked over him. His breathing was irregular; his eyes were closed. He was no longer speaking, but somehow, his face and body communicated deep peace.

I looked up to his wife and children and spoke about his death being near and how peaceful he looked. That there was no need to do anything except to stay with him and that he could hear them speaking, even if he couldn't answer. His children were very quiet and I don't exactly recall what his wife said to me in return, but I do remember profound relief and thankfulness flashing across her face. The man died at home early in the next day. Later, she conveyed back to me how those few words about his peace had sustained them during their last night together, and in the hard days following.

Others stay with me — an unconscious woman, whose face suddenly and unexpectedly radiated bliss as we gently turned her in the hospital bed the day before she died. Two young parents, gathered with other family around a small boy as he lay dying on bed in a room of their house one long summer afternoon and evening, sharing a small family joke that brought laughter and lightness to the almost overwhelming heartbreak and sorrow we had all felt in the hours before. When that lightness came into the room, the little boy quietly breathed his last breath and died, as though he had been waiting for just that moment.

Peace, laughter and lightness during dying might seem unlikely, but such experiences are common, not rare. Seeing and sharing in these sudden, strengthening consolations (and receiving them in my own griefs) have taught me about our awesome potential to transcend suffering, and confirmed why we don't need euthanasia or assisted suicide.

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A second reason why even the thought of euthanasia or assisted suicide repels me is the indignity of such acts, for all involved. The general misunderstanding in the debate seems to lie around the myth that these acts bring about a peaceful and pain-free end, as though it were 'just like going to sleep'. A peaceful death is a good thing for us to hope for and work towards. But, as a nurse, there are reasons to believe that giving lethal doses of medication does not make dying peaceful or gentle.

During palliative care some patients require certain medications to manage symptoms such as pain, breathlessness and anxiety. The same (and other) medications form the 'cocktail' used to perform euthanasia/assisted suicide (the combinations of which vary in different parts of the world). Even a little too much of the medications for symptom relief can cause distressing side-effects such as dizziness, nausea, vomiting, irritability, hallucinations and delirium. Giving these medications in the extreme doses that are required to bring about death is therefore bound to cause these side effects intensely. Being sedated or paralysed during euthanasia does not guarantee every person will be unaware of the side effects, just rendered powerless to communicate the experience.

Other technical problems and complications reported in euthanasia (as well as capital punishment deaths) include cardiac arrhythmias, difficulty accessing a vein, painful injections, gasping, jerking, seizures, regurgitating ingested medications, and a longer (or shorter) than anticipated duration of dying, all of which are likely to cause distress to the person dying, the family, and the health professionals performing and assisting in the act. Health professionals involved in administering lethal injections in countries where it is sanctioned by law have described it as 'unnatural' and 'a harsh and harrowing way to end life'.

There are many other wider negative ramifications of legalising intentional killing by health professionals, as other authors have comprehensively outlined. Here, I go simply to one core aspect of the matter: euthanasia or assisted suicide cannot be the peaceful, merciful or dignified death many believe it to be, because deliberately causing death requires inflicting extreme physical harm. Following this logic, do we really want a law in South Australia – or anywhere – that allows health professionals to take the lives of terminally ill people in such an undignified, violent way?

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