

## Just Whose Death Is It, Anyway?

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In his 2-page op-ed in the Spring 2003 issue of *Free Inquiry*, Tom Flynn did a masterful job of responding to Carol Ezzell's article „Why? The Neuroscience of Suicide" (Feb. 2003 *Scientific American*).

I, too, had read Ezzell's article and shared Tom's dismay, and the rejection of many of her comments and conclusions. To say that she is opposed to suicide would be understatement, and granted, the violent suicide of her own mother might well be reason enough to sour a daughter on the whole idea. But to conclude that suicide automatically signifies „a diseased mind" is downright irresponsible and inaccurate. Flynn, as well, has experienced the shock of a mother's suicide, but it's to his credit that he has not permitted that very personal loss to interfere with his ability to think critically, and to ponder the question of suicide fairly and rationally.

The decision to commit suicide (either by oneself or with the assistance of a physician, if that can be arranged) should be left solely to the person whose life will end, and not to anyone in the periphery, not the family, not the State, and certainly not to overbearing activists on the sidelines who, for whatever reasons (usually religious), are hell-bent on preventing suicide not merely in their own families, but for us all.

Certainly there are times when the desire for a quick and merciful death is not only understandable, but totally sane and sound. It is frequently a decision involving considerable planning and a careful thought-weighting of all the pros and cons. At such times, it is a logical, reasonable, and completely rational choice, and one which all of us should have the freedom to make.

As Tom points out in his rebuttal to the Ezzell article, she never considered that suicide can be a perfectly sound choice, nor did she ponder that much of the pain and trauma surrounding a loved one's suicide is a direct result of „the way our society demonizes it." Exactly!

But my daughter and I were struck by still another omission which countless writers of suicide essays fail to mention, which is that not every type of suffering can be alleviated with pain medications, nor is it helped by therapies and medications for the treatment of severe depression. I have seen, up close and personally, the final struggles of a child slowly dying of what is often referred to as "air-hunger," but which (for those of us who prefer the hard-hitting candor of plain talk) amounts to prolonged suffocation. No one with an ounce of compassion would wish it on his worst enemy, much less a loved one, and particularly a little child. This is suffering at its barbaric, absolute worst, and in slow motion!

It should also be stressed that for patients with conditions such as advanced cancer, adequate pain relief often is not as simple as it sounds. Unless a patient is fortunate in having access to a physician specifically trained in the complexities of effective pain-relief, he may wind up suffering untold agonies because of the doctor's fear of „addiction." You have no idea how prevalent this nonsense is among doctors who simply haven't kept up with the latest thinking and developments on proper pain control.

I can vouch for this, having observed (as well as experienced) it, within the past year. I watched a cancer-ridden hospital roommate writhing in agony because she was terrified of taking adequate Morphine, after a doctor had sternly warned her of the perils of „addiction." She became so paranoid that she was fearful even of taking the allotted number of morphine „hits."

And while my own pain was surely miniscule compared to hers, nevertheless the combination of emergency abdominal surgery added to the ongoing misery of an ornery arthritis (for which I am unable to take the customary drugs of choice, due to allergies) was more than sufficient to have me longing to leap from my 6-floor hospital room.

And why was I subjected to such needless suffering? Because my surgeon had taken it upon himself to decide that he knew more about my day-to-day pain status than did the specialists at a local Pain Treatment Center, who had been effectively controlling my pain over the past couple of years. This arrogant surgeon steadfastly refused to administer two of my

daily medications in the dosages that had been prescribed. Nor would he even allow them to be administered at the proper times.

So yes, it *does* happen that patients are denied adequate pain-relief. And it occurs often enough that all of us should be concerned!

But it can't *all* be laid to the ignorance of physicians who are unenlightened about modern-day developments in pain control. Instead, I have to conclude that much of this reluctance to prescribe adequate pain relief is a direct result of the Bush Administration's zealous, right-wing approach to anything smacking even remotely of „drugs" or „euthanasia!" Physicians are terrified that the Government will come after them if they prescribe adequate pain relief, and they are fearful that if they buck the system, the Government will retaliate by revoking their licenses. As you may know, Attorney General John Ashcroft had threatened to prosecute doctors even in those states where prescribing marijuana to terminal AIDS or cancer patients (for control of pain or nausea) is legal! Such is our Government's current administration, with its gaggle of Gestapo-like enforcers, all goose-stepping in time to the Ashcroft beat.

If Dubya and his crowd should occupy the White House for a second term, I daresay suicide, in particular, will be even harder to pull off that it is right now.

And if Bush *does* make it into the Oval Office for a second term, chances are that greater numbers of us than ever before might be tempted to seriously ponder the merits of suicide, even while in a state of excellent health!

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