

What can be lost through euthanasia, assisted suicide

Caring for critically ill softens hearts

By **DR. GERRI FRAGER**
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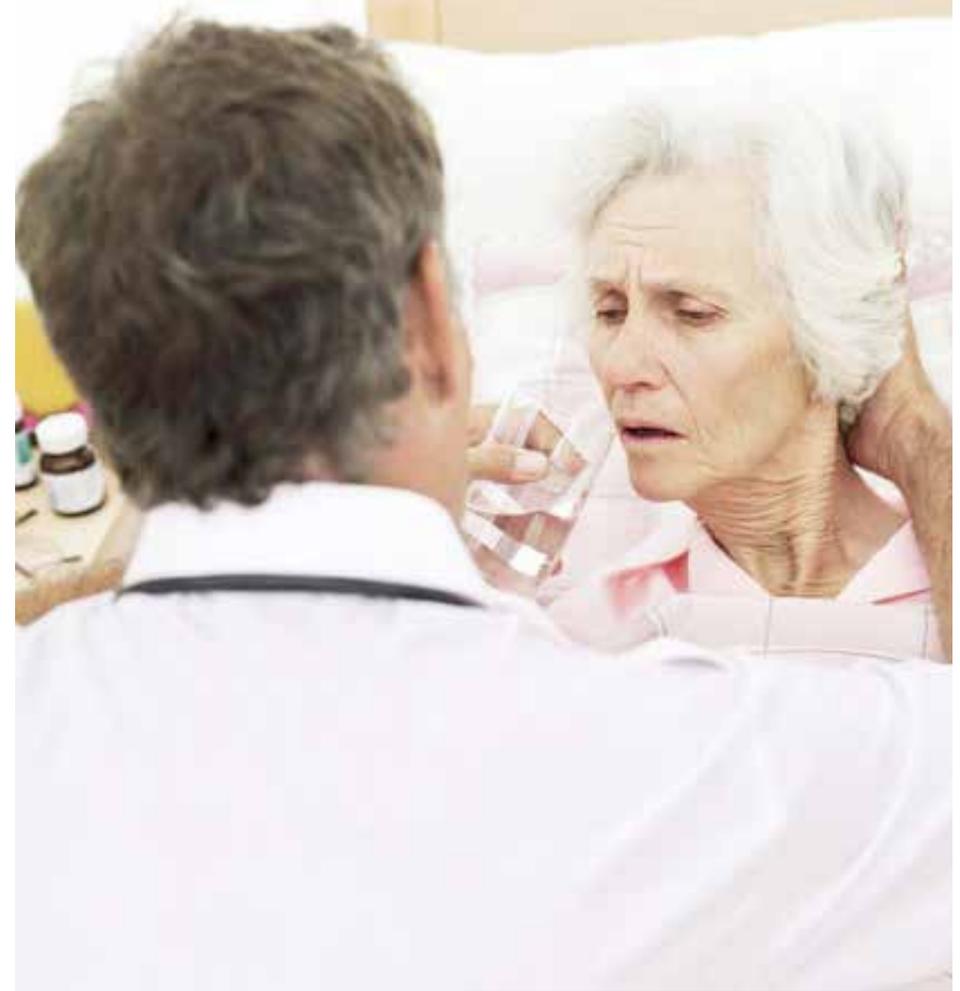
The subject of euthanasia and assisted suicide was brought to the stage in Halifax recently with a production of *How to Disappear Completely*. The play tells the true story of a son supporting his mother throughout her struggle with cancer. It proved to be an excellent exploration of this difficult topic.

Every year, the Humanities-HEALS program links with a local theatre to help sponsor a health-related play. This year we engaged with two plays. The first was *Momma's Boy*, an open, balanced discussion about reproductive choices. The second was *How to Disappear Completely*, staged at 2b theatre company. Humanities purchased a block of tickets for medical and health professions trainees and faculty to see the production.

For this column, I start with several assumptions. I assume that the difference between forgoing medical interventions and euthanasia is understood. I assume that access to expertise for relief of pain and other symptoms is available. I assume it's understood, in the event of refractory pain or other symptoms, that sedation until death would be provided.

What I want to discuss is what we risk losing, individually and collectively, should we embrace euthanasia and assisted suicide. Although my experience is grounded in the paediatric population what I fear we may lose extends to every age.

I have had the great privilege of working in paediatric palliative care for more than 20 years.



I've seen both patients and families through what is likely the most difficult process they will ever experience. I have sat at many bedsides with parents exhibiting excruciating grief. I have watched them over days, weeks, and even months get to places I would never have predicted nor imagined. I will not demean their experience by referring to this state as "acceptance." What I do believe is that having time while facing great sorrow is so very important. Time to sit with their child, family, and friends sharing stories; asking for and receiving help afforded through the goodness and generosity within themselves and others.

I have seen remarkable instances of what I refer to as "otherworldly" timing to the end of life: death being apparently held at bay until estranged family members come to support one another; or until the child's questions and worries are answered; or until a parent arrives just in time from their military call of duty.

I believe we owe friends and family members the chance to live the rest of their lives without second guesses, to live without regret for choices made. I would never want a family member to wonder what might have been different if living while dying was allowed to continue with its own internal and inherent sense of timing.

I have witnessed remarkable resilience, profound tenderness and compassion. I believe caring for those who are critically ill helps open and soften our hearts. I believe we can be a more

caring society, to develop our collective compassion, through bearing witness to extraordinary sadness and not turn away.

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(Dr. Gerri Frager is a Dalhousie University professor and paediatrician with a longtime interest in the arts and health. She is a regular contributor to doctorsNS.)