EPILOGUE

People in the terminal phase of an illness are cumbersome, annoying, difficult and useless. Cumbersome with their technological bed, commode, armchair, walking frame, crutches, intravenous drips, catheters and drainage bag: there is no room for them at home. Annoying, with their coughing, wheezing, bad smells, bedsores, insomnia, continuous calls and countless needs. Difficult to manage with their repeated requests, obsessive complaining, and all the other evidence of our impotence. Useless to the economy because they no longer consume; useless to society, in which they have no role to play; and useless to the hospital industry since they do not help the wheels turn. To sum up, people in the final phase of a terminal illness are of no use whatsoever, so let’s get it over with as soon as possible.

If a request for euthanasia is the result of all this, then it would seem to respond more to the needs of the family, the health service and society than to those of the patient. On the other hand, when requests for euthanasia does come from a patient, in most cases it is prompted by the fear of pain and loneliness, the loss of status in society and the family, or relationships established with caregivers. Yet such a request becomes superfluous and fades when the last phases in life are not dependent on the effectiveness of machines, and when (excluding any futile life-sustaining treatment) physical pain is removed or relieved and the last days are passed in the realm of dignity, personal relationships, friendships and the love that has
given life its meaning. In these circumstances, death is no longer a defeat but a challenge to discover the ultimate meaning of life.

Palliative care is the bulwark that the new medicine erects against a law that legalises or decriminalises euthanasia. It is a medicine that embraces scientific and technological progress, but which has also rediscovered the values and oneness of the individual. Beyond the clinical effectiveness of medical services, this new medicine focuses on caring for patients and sustaining their well-being.

In a world of productivity, efficiency and competitiveness, in a society based on economic activity and superfluous consumption, in which possessions and outward appearance count more than being, there is no room for reflecting on death. In this context, a ‘good death’ means a quick, painless and unconscious death; if possible, one that disturbs no one, such as dying discreetly in one’s sleep.

But if we agree to reject the frenetic activity of modern life, the efficiency of high-tech medicine, and instead propose palliative care; if we admit to our vulnerability and impotence and adopt a serene and accepting attitude, we can help the dying to experience death lucidly, assisting them in a context of relationships, respect, dignity and love in which they accept being loved and giving love, even though the ravages caused by their illness may alter their appearance and cause them distress.

On the basis of my experience in Belgium, which, it should be said, is limited to a single hospital, I have noted that the request for euthanasia is not unusual when patients are admitted in a state of intolerable suffering. Such a request, which in most cases is due to an ideological choice or an incomplete knowledge of the options available, is received respectfully by the medical team, who, however, reserve the right to propose another option in which adequate analgesic measures are adopted, the patients’ dignity is guaranteed, and their illnesses are considered in a context of relationships and communication. In the majority of such cases, the initial request for euthanasia is not repeated.

I have become convinced that the right to die in dignity is guaranteed not so much because the medical act that ends life by means of a lethal injection is not legally punishable under certain conditions, but rather

1 To keep the time of dying within the field of communication or to return it there: Patrick Verspiere, Marie-Sylvie Richard, Jacques Ricot, La tentation de l'euthanasie, Desclée Éditions de Brouwer, Paris, 2004, p. 112.


3 Erich Fromm, L'amore per la vita, Mondadori, Milan, 1984, p. 27.


5 Carl Honoré, In Praise of Slow, Orion Books, Toronto 2004, p. 3 and passim.

6 Marc Desmet, Jour et nuit. Expérience médicale et spiritualité, Éditions Lessius, Brussels, 2006, pp. 169-86; Souffrance et dignité humaine, Éditions Fidélité, Namur, 2004, pp. 83-90. Speaking of the doctor's impotence in the face of death and his or her necessary 'passivity' in the extreme phases of the illness, Desmet notes that, in French, passivité sounds the same as pas si vite [not so fast], an invitation to respect the patient’s perception of the flow of time.
by the people and facilities that help patients to live their own death once their physical, psychological and spiritual suffering has been relieved, by allowing them to give meaning to their illness and the time that remains before the end.

To my mind, the act of euthanasia infringes what is generally understood to be the very basis of the doctor’s role, especially that of the palliative doctor, who, by accepting to practise euthanasia is implicitly saying to patients that their lives no longer have meaning. Palliative treatment does not have to become the best approach to dealing with the death of terminally sick patients: it remains a form of assistance to people affected by an incurable, mortal disease who deliver themselves up to our care on a journey in which the powers of life intersect with those of death through a search for meaning in the darkness of chaos.⁷ In this regard, when Etienne Montero was interviewed by the Commissioen Sicard,⁸ he paraphrased Montesquieu⁹ by asserting that ‘the absence of law is sometimes more protective of rights’.

The greatest desire of the dying is to have their needs and fears¹⁰ listened to; to be acknowledged as people who have relationships and a role they can still play, and to be respected for their dignity as people, neither compromised nor conditioned by their illness.

People afflicted by a terminal illness teach us to be aware of our weakness, our vulnerability and our impotence. They help us to discover something that subverts our schemes, and they become a resource that aids us in our search for the meaning of life.¹¹ They offer us – sometimes in spite of themselves – an example and a model: the progressive separation from everything in life that was central to their activities and concerns. They gradually free themselves from all the conditioning that cluttered their existence during the frenzied business of living, and help us to discover that, in the end, all that remains viable and indelible are our experiences and expressions of love.

This includes love we have abandoned or betrayed, or love that ended badly or we are ashamed of, because every sincere expression of love reveals the mysterious universal Love, which is the source of life.¹²

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⁸ *Penser solidairement la fin de vie*, report for François Hollande, President of the French Republic, 18 December 2012

⁹ Quoted by Father SJ Scholters from *Position de l’Église à l’égard de l’euthanasie*, at the conference *Éthique et fin de vie*, held 7 December 2013 at Solbosch ULB campus, Brussels.


¹² Enzo Bianchi, *Vivere l’anzianità*, cit., passim.