
THE SOFT EDGES

Hekontothanasia – Chris Ellis

This is the story of two people, a man aged eighty and a woman aged thirty seven. They had one thing in common. They both asked me to kill them.

It is one of the widenesses of general practice that suddenly one comes onto a whole moral or ethical dilemma that will always be unsolvable by edict or rote. Euthanasia is one of them.

But what does it mean? From the literal translation it means “a good death” but it has by custom meant the act of easing and giving a painless death to a patient suffering from an incurable or intractably painful illness. This did not quite cover what I was being asked to do.

Euthanasia as it is described above, is either doctor initiated, or to a lesser extent, is in the hands of the patient who may commit suicide. It can be active or passive. Reaching a “contract” or by request, comes somewhere in between. I therefore searched for a word to cover this situation. The Department of Greek at the University of the Witwatersrand gave me *hekontothanasia* which would mean “a willing death”. Although this does not cover the concept completely it came nearer to reality.

Most of what has been written about euthanasia comes from the drama of the hospital ward, the ventilator and the intravenous infusion. What is under discussion here, is the private and personal decisions between a family practitioner and his patient in their own world. It often takes place at home in a sitting room or bedroom and takes the form of two people in isolation making their own decisions, one as care giver and the other as a trusting seeker. It is a

special fusion of an individual patient's need and a general practitioner's unique spiritual integrity and value system.

Thus I have followed with interest the erudite discussions on euthanasia from the hospital scene, but somehow they don't seem to share in my world. An academic debate about switching off machines doesn't cover the lonely discussions and intimate feelings in both myself and the patient as we try to deal with our fears and that of the families around us. No one is watching or listening to us as we try to justify and live with our lives and deaths.

Perhaps I shouldn't mention it at all as a subject. Maybe it is better that it is left unsaid that against the morphine registers throughout the land, there are hundreds of incorrect entries. I have kept it to myself and so have you. It is not up for dissection or moralizing that two ampoules of morphine may be used instead of one. It takes place silently and by agreement.

To discuss it in the modern legal, political and journalistic world will only reduce another irreducible meaning between two people. Yet it bothers us all.

In her thirty seventh year she asked me to help her die with dignity. Somehow I feel a betrayal on my part writing this down, as it was just between the two of us. All GPs carry these confidences. She already had secondary cancerous deposits in her knee, back and sacrum and was terrified of the pain she anticipated at the end.

Could I give her pills that, if the occasion arose, she could take them

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all at once and end it? In this way she would not be a burden to her young family at the end and they would remember her as she was now? She suggested that I gave her a prescription for them each month and she would save them up. Could I choose the most effective, surest and easiest antidepressant or sleeping tablet?

Even the fact of knowing she had them and had this avenue of escape would be the ultimate comfort of her last days, she said. This was not like I had anticipated my role at all. I was going to care for her, relieve her pain and give her a "good death", euthanasia. That, she said, was from my perspective and she was the patient and that was the request.

The decisions reached on occasions like this, are unique to two people, one of whom is usually the general practitioner. It is an intensely private affair which remains in the doctor's memory as a congregation of secret sadnesses.

It all seemed so different to me, to the portrayal on the television of the switching off of machines and the horrid public legal debates, yet perhaps these are necessary to help us and monitor us.

All of us are left with many unsaid actions and decisions that we come to terms with, such as an entry in my personal diary which reads:

'Today Mr**** asked me to end his life.

"I am eighty in one week's time and have had eighty years of life. I cannot go on living like this". He is breathless as he sits in his chair, nearly deaf and partially blind. He is hardly able to walk and very

depressed. "All my friends have died and I am alone. I know no one here and have not met anyone in the two years I have stayed here with my daughter. You have always helped me. Please put me to sleep".

I changed the conversation to something about his medications. As I left he said "You will, please, think about what I have said".

He only has a few months to live and those months will be a progressive struggle for breath, no rest and deep depression.'

On rereading this diary entry I still wonder and always will, if I made the right decision. The fact that you do not know what that decision was, is the essence of trust and sharing between two fallible human beings.