California's End of Life Option Act is good law, good ethics, and good medicine.

Nathaniel became my patient when Lou Gehrig's disease impaired his breathing and swallowing. He was formerly a successful accountant and an active man who enjoyed gardening and outdoor activities. His wife of over thirty years was his love, soul mate, and constant companion. Together, they raised two loving and accomplished daughters.

Gradually over the years, his illness caused his world to shrink, his physical universe now confined to the bed of his living room. While I was able to control his pain well with opiates, he experienced the unending discomfort associated with profound physical immobility. And like many patients with chronic, terminal illness, his suffering was much more than the experience of pain; it was a suffering not just of his body but also of his heart and soul. I knew this because I asked him.

Nathaniel used to love food but was now nourished through a feeding tube, as he could no longer swallow safely. When he accepted a tracheostomy and feeding tube, I promised him he could die at home. I promised him I would be with him and see him in his home rather than in my office. I promised him that, if and when he chose to stop treatment and end his life, I would do all in my power to assure a quiet, peaceful death without discomfort.

So when Nathaniel decided it was time, I visited his sunlit living room with syringes of morphine and sedatives to fulfill the promises I made. He lay in his bed as a tube connecting him to his ventilator projected from his windpipe. His speech was painfully slow but intelligible. I was joined by his family in the living room where, for almost an hour, we shared family jokes and stories, memories of a life of purpose, and a life well lived. When the stories, laughs and tears were exhausted, I injected the medicines, which insured Nathaniel's comfort. He fell into a deep sleep and I turned off his ventilator. His family surrounded his bed in silent prayer.

I often think of Nathaniel and the many patients like him for whom I have cared over the years. When Nathaniel could envision no other future and no end to his dependence and misery, he died as he wished and was finally at peace. Assisting Nathaniel in his death was not only legal; most of the medical profession now supports what I did for Nathaniel as a morally correct professional obligation.

I have reflected deeply on the reasons why I believe that California's End of Life Option Act is good law, good ethics, and good medicine. My arguments are based on the ethical principles of autonomy and beneficence and on what I hold to be the social and constitutional rights of all persons to exercise self-determination and maintain privacy in matters of their health. I firmly believe that terminally ill and suffering persons with capacity to make decisions have an unassailable right to choose the time and manner of their death.

My arguments also rest upon professional considerations. As physicians, we value life and must work compassionately and vigorously to preserve it. But as physicians, we are also called to relieve suffering and, at times, this is the greater good. In some situations, the relief of suffering is our foremost professional duty.

I graduated from medical school 53 years ago and what I have learned over the past half century are the following:

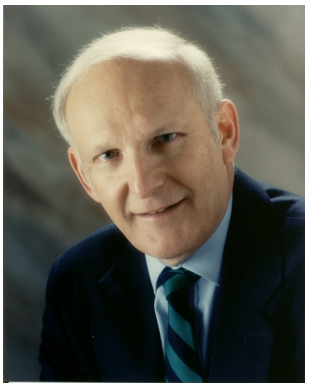
1. Uncertainty is certain and we all must learn to live with it. Medicine's diagnoses, prognoses, and recommendations are, at times, fallible.
2. You can't win them all. Despite our knowledge, diligence, empathy, and prayers, some of our patients won't get well and all will eventually die (as will we).
3. Every patient and every illness is special and unique. Medicine may be scientific but it is not a science. It is an art, at once a very human and personal enterprise.

Modern science and technology have made miraculous strides in extending life. At the same time, we have changed the way people die. People now die of chronic disease, usually more than one, and too often of complications related to their treatment. People die in hospitals. People die slowly and incrementally and their dying is regularly accompanied by great suffering.

My own attitude towards physician - assisted death has changed over time. Initially, I was swayed by the biblical injunction to choose life and by the professional mores I incorporated as a student and resident. My current position evolved over years of caring for dying patients and has been influenced by my interest in medical ethics. In large measure, my attitudes have been shaped and informed by the reasoning of Eric Cassell's, "the Nature of Suffering and the Goals of Medicine." Cassell, a physician, argues that personhood is defined by one's family, pasts, roles, relationships, bodies, behaviors, secret lives, futures, and transcendence and explains suffering as the loss of this personhood. As chronic illness brings about suffering through the loss of personhood, it is particularly apt that this concept of personhood, its subsequent loss, and the suffering that goes with it should be a pivotal argument for physician - assisted death especially in this community where our mission, one that is at my very core, is the provision of whole person care.

As patients confront terminal illness, most but not all lose components of their personhood and for many, the response to this loss is the experience of existential suffering. For such souls, death becomes preferable to life. The end of suffering becomes their last and only hope.

I have an interest in the power of narrative~~s~~ to teach us about the human condition and to make us better and more empathic caregivers. Our patients and we can view their illnesses as part of their life stories. Seen through such a lens, dying becomes a part of ones life story. I have learned that many terminally ill patients desperately want to write their own narratives, to choose how and when their stories end. As physicians, I believe assisting patients in writing the stories of their deaths as well as their lives, and relieving their suffering are ethical, moral, and humane acts and sacred responsibilities as well.



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