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Terminal, but Not Hopeless

By Sandol Stoddard

It is amazing that in all the recent discussion of assisted suicide there has been hardly a reference to hospices as a way of caring for the terminally ill. The American hospice movement has been one of the outstanding expressions in recent years of inventiveness and compassion in combating suffering. At the same time, in hospitals and medical schools, hospice philosophy and expertise are helping to develop more humanely responsible attitudes in the general practice of medicine.

The modern hospice has arisen over the past 25 years to provide care, comfort and dignity to people approaching death. Most hospices in the U.S. today are small, independent nonprofit organizations, though many work in conjunction with local visit-

ing nurse associations, hospitals and medical centers. The interdisciplinary hospice team consists of physicians, nurses, social workers, members of the clergy, therapists of various kinds, nutritionists and specially trained lay volunteers. Family and friends are also part of the team, and continue to receive support during bereavement.

Much of the current suicide controversy seems to be based on a pair of false assumptions. The first is that seriously ill people must expect agonies and humiliations from which death itself is the only merciful release. This is not so. Hospice patients are treated with respect. They are not attached to machines that prolong dying while destroying whatever quality of life remains.

A great deal more can be done today than was possible in the past to relieve the pain of conditions like terminal cancer. Nearly three decades of clinical experience in America and England have made it clear that skilled hospice teamwork can

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keep patients quite comfortable, physically and emotionally — often in their own homes — throughout the final stage of life. Studies have also shown that these patients do not become addicted to pain-killers, nor do they come to require dangerously high doses. In fact, quite the opposite is true: In the supportive hospice setting, levels of pain medication are frequently reduced.

The second false assumption is perhaps less obvious, but more dangerous to society. Privately, too many of us believe that human perfection can be achieved — that if only we can find the correct program, with all the directions on the package, we can be

thin, beautiful, bright, popular, healthy, rich and powerful forever. Such a shallow, simplistic view of life may seem innocent enough on the surface. But underneath it is the unspoken, often unconscious conviction that those who are very ill, very old or very frail have not done it right and should not be here among us. This attitude not only fails our own lives, but presses the loaded gun, or the overdose, into the hands of sufferers.

Thousands of hospice workers in this country today are witness to the fact that people who are comfortable, secure and lovingly cared for *do not want to commit suicide*. They can also tell us that it is a great and often inspiring privilege to be with these individuals as they travel the last miles of the road that lies before us all. In the meantime we need to remember a lesson history has taught us; that it's but a short step that leads from assisted suicide to homicide, to genocide and the ultimate moral abyss. □

Sandol Stoddard is author of "The Hospice Movement."