APPROACHING OLD-OLD

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On the cover is the derelict West Pier in Brighton and Hove, once a place of great excitement and pleasure – this is the logo for the Society for Old Age Rational Suicide

SOARS

INTRODUCTION

Now, at 83. I suppose I am living on borrowed time as so many men who were born, like myself in the UK, in 1931, are now dead. I am now existing beyond my “sell-by date”.

But, taking perhaps a more positive attitude, when I consider the possible advantages of my genes, I can instead think that I am now entering the last decade of my life as my father died when he was 90, and my mother lived to within a fortnight of her 96th birthday.

Euphemisms are often used when advancing age is considered. “Senior citizen” is still a popular expression (especially in the United States) and “elderly person” is frequently a descriptive term within our National Health Service now.

Humour can also be useful - such as considering the four stages of life to be childhood, active adult, maturity, and “you are looking fine today”. In fact, perhaps the most flattering thing to say to an old person is “you don’t look your age,” or “you don’t act your age” (as if the most damning thing in the world is to look old).

Even “over the hill” can sound positive if one thinks that, once someone is at the top of the hill, one gets a better view than when one is struggling to climb it - one might even enjoy the panorama, and going down the hill can be an easier journey (although, in real life, the final years of old age are nearly always increasingly difficult).

Many people seem to dislike the expression “old age”. In fact, in many countries, it is generally forbidden to write “old age” on a death certificate as a cause of death: someone has to die

of a specific disease such as cancer or heart failure. However, I know of one family - in the UK - who were extremely proud when "grand old age" was officially given as the cause of death when its matriarch died at 99 in 2007.

Twenty-two years ago, in 1992, the *Journal of the American Geriatric Society* defined the "young old" as those aged 60 to 69; the "middle old" as being from 70 to 79; and the "very old" as anyone over 80. But, as the average lifespan is steadily increasing (perhaps even, in the Western world, thanks to public health measures and medical advances, now at the rate of two to three months every year), these figures will certainly be adjusted soon.

In the eighth edition of *Mosby's Medical Dictionary*, published in the United States, in 2009, the expression "old-old" was first defined as "persons 85 years of age and older". I like this expression, and so it is the title of this personal booklet.

Today, in 2014, there are estimated to be at least 13,000 centenarians living in the UK - which is five times as many as in 1980. And, according to a recent study by the UK Office for National Statistics, the number of Britons living to see their 100th birthday is expected to rise to more than 100,000 over the next twenty-five years. Of course, as there will be a correspondingly large increase, by 2039, in those over the age of 85 (in fact, it is likely that one person in twenty, in 25 years, will be in this group), it is possible that the present definition of "old-old" will be adjusted in the next two or three decades. At present, in the UK, there are 1.3 million old-olds.

I rather relish the possibility of being "old-old" in two years, in 2016. Of course, it is by no means certain (in spite of my parental history) that I will live until then: but, I look forward to enjoying my eighties as much as I can, although, at the same time, realizing that one must be more and more accepting the

fact that everyone's physical body has a limited lifespan - death is one of Nature's inevitable processes.

Of everything that someone can ever experience, nothing is really more overwhelming than the possibility of one's death. Therefore, for most people, it is natural to try and keep this event out of their minds for as long as possible. Although they know that others will die, they do not want to think that this will happen to them - they are terrified of dying and refuse to discuss it. Thus, it was intriguing to discover, from a research paper published in the *Personality and Social Psychology Review,* in April 2012, that "thinking about your mortality could help your marriage because an awareness of death makes people value their relationships...researchers found that awareness of death can reduce divorce rates, and suggested that contemplating death could make people more positive, and less aggressive or selfish".

I strongly believe that we must openly accept the fact that eventually we will all die - we must be absolutely realistic about this as it is the collective destiny for all living things on this Earth. Essentially, death unites us with everyone who has ever lived, ranging from, say, Hitler to Gandhi, thinking just of two persons from the past century.

In the past, death was never far away. In the Western world, in 1900, the average life expectancy at birth was about 50 years, and, as most people then died at home, surrounded by family, they were prepared for it. Today, people live much longer and most deaths occur away from home. Our minds seem unprepared for what our bodies are doing. While we should not have a morbid preoccupation with death, we should plan ahead, carefully considering, in the hope that we have a choice, how we want to die. Our death is as unique as our life - there is no standard model. Seneca, the Roman philosopher and statesman,

noted, "The wise man will live as long as he ought, not as long as he can. He always reflects concerning the quality, not the quantity, of his life. It is not a question of dying earlier or later, but of dying well or ill. And, dying well means escape from the danger of living ill".

I have been told that the oldest known document on ageing is dated about 2,500 BC. In this, an Egyptian named Ptahhotep writes, "How hard and painful are the last days of an aged man. He grows weaker every day; his eyes become dim; his ears deaf; and his strength fades. All his bones hurt. The power of his mind lessens and today he cannot remember what yesterday was like". This is obviously a literal translation, but much of it is true today for the "old-old" throughout the world.

While there has been great progress in the past century in much of the world, such as better communications, the development of human rights, the emancipation of women, universal suffrage and the banning of discrimination (both for race and gender), the problems arising when someone becomes very old remain essentially unchanged - with so many experiencing social isolation, boredom, reactive depression, separation from family and friends, financial hardship, a loss of purpose and chronic medical problems.

While our ancestors would have envied us oldies our longevity, they could not have anticipated the problems it brings to so many. As Ptahhotep observed, as we age into our eighties and nineties, we usually become less able to do things, we walk less, hear less, see less, eat less (although this is good because avoiding obesity is important), hurt more, and, as our friends die, we, being reminded of our own mortality, can become quite pessimistic. And, for so many, dwindling energy is perhaps the worst aspect of ageing.

Looking back over many years (at least as far as my memory can recall!), like many other oldies, I can see a landscape pockmarked with some regrets. While I had a most successful long UN career, fathered three wonderful daughters, and enjoyed the company of several exciting women (marrying three of them, and now very happy living with Angela), and then, on official retirement, becoming much involved in right-to-die issues, I do think of a few missed opportunities, ranging from possible UN alternative assignments to different social and conjugal possibilities. Fortunately, I have been able to sit at the so-called "high table" in this life (due to the initial good fortune of my parentage) and also been able to live in the Western world with its many advantages.

But, it is important not to be too smug because one's regrets are few - anyway, it is too late now to do much about it! Now, how one progresses - to one's death - will depend as much on luck as on one's own efforts. Death is part of life - not talking or thinking about it only restricts one's choices for coping with it. Dying, like birthing, is a natural event, and should be appropriate for that individual. By talking openly about death, I believe we can gradually lose the fear of it, and can start planning for the end of the journey. Above all, I think it is essential to use the word "death", and to avoid such silly expressions as "passed away", and "being laid to rest". How I have often laughed quietly when I have heard someone say "she has lost her husband", or "he has lost his wife" (I want to shout, "go and find him/her").

My death is simply another event in my life (admittedly, the last one!), and should be as natural as my birth in London in 1931. Moving towards my death is mainly my task alone - others may feel some sorrow when I die, perhaps even experience that they are losing a part of themselves, but they remain alive to continue coping with their own existence.

When I die, my contribution to the world in which I have lived will, I trust, continue - at least, for a few more years. My worn-out physical body will disappear, as ashes, into the oceans; but, my presence on this planet will hopefully not have been wasted, even if my only remaining long-term influence is seen in those who carry my genes (our evolutionary requirement). The difference between being and not-being is abrupt - but, this happens to every living thing that is, was, or ever will be. By dying, we make room for others, just as others have made room for us.

The "young" can face death bravely. The old-old will usually walk slowly towards the grave, like going to a comfortable armchair in which to rest. Unfortunately, today, death for the old-old is rarely dignified or beautiful. Many will die in hospitals where dying is less visible, less part of a common experience - where life is often depersonalised, shaped by rules and regulations when dignity is lost amid technology that basically attempts to extend the biological organism until their doctors give up the battle. Some will die in care or nursing homes - again, often a very regulated existence. Such homes are essentially a halfway stop on the route to death (although it is generally forbidden to talk about death), often staring into space or at the television all day. Now, in the UK, there are at least 21,000 residential and nursing homes, with costs varying from £30,000 to £40,000 a year. Surely an old age rational suicide is a death with dignity in contrast to the humiliating fate of dying slowly in a nursing home.

In spite of Western influences affecting Asian cultures more and more, there are significant differences in how various societies treat their old people. It is still better - at least for those with some financial resources - to be old in China, the Indian subcontinent, or in Japan than in Europe or the United States. Two Chinese proverbs I particularly like are "If you wish to succeed, consult three old people", and "If a family has an old person in it, it possesses a jewel". Longevity records are to be found in Okinawa, in Japan, and in the Hunza valley in Pakistan. Certainly, the very elderly in the UK and in the USA are not given the same respect that they received years ago. Perhaps, remembering the beautiful film "The Best Exotic Marigold Hotel" which appeared in 2011, better (and less expensive) retirement homes will be developed in Asia for Europeans? Although, being very personal, I have always thought that when someone is old, it is better to return to, or be near to, that person's roots.

When approaching old-old, I am forced to confront the reality of my own death. When I was much younger, I thought little about dying: now, it is impossible to avoid reality. When we find life worth living, we want it to go on forever: when it seems senseless, especially because of the advanced effects of ageing, we want to die forever. Would I want to become a centenarian? - only if the severe effects of ageing were absent.

The increasing number of old-olds is having considerable economic impact - especially as this number becomes greater than the number of younger people needed to support this ageing society. The cost of health care for the aged is becoming more and more unsustainable - it is a demographic time bomb, as the elderly are frail non-contributors. Many regard the old-old as "bed-blockers" in our hospitals. Our ageing population will not only have economic and health care implications, but it has considerable influences on our family structures, on the availability of adequate housing, and on our national development. And, thinking economically, I would not want to waste my somewhat limited resources on clinging to life in an expensive nursing home. I want to leave adequate financial legacies to my family - a much better way to help Angela and my children.

However, there are some advantages in becoming old-old. No longer do I have to pretend to be nice to some people I do not

really like. I do not need to really worry about what others might think about me or my views on various subjects. I do not need to waste time doing things that I do not want to do, such as, in my case, seeing opera, ballet, or wandering around museums, galleries or old houses, and I can walk out of boring plays or films. Because I have less time left, I can be selective about my options. Being young - with so many possibilities - is like being in a huge supermarket, bamboozled by much choice. Being old is like being in a village shop.

Other advantages, of becoming very elderly, can include not worrying too much about international political problems such as permanent peace in the Middle East, increasing religious confrontations, or climate change - although I do naturally realize that these uncertainties are unfortunately likely to be an increasing burden on my descendants.

Talking or writing about death will not kill me. We pay a steep price if we keep the idea of our deaths in the shadows. We must prepare, as much as possible, for a good death for ourselves when we get near the end of our lives. Then, at an advanced age, death should ideally occur when it is most appropriate and when one is in most control. Advance decisions allow us to have a layer of protection, legally now documenting our "instructions" when, if I become mentally incompetent, they will tip the scales when there might be debate, or perhaps even confusion, about what to do.

"Ars moriendi" is the art of dying. But, today, we live and suffer in the art of extending life. Why does our Western culture find it so difficult to accept that death in old age is a part of life, and is often to be welcomed. I want to be in control of my last days on this planet: fortunately, I have no religious views which will prevent this wish for independence. Each of us owns our own body: each of us, ultimately, is responsible for our own destiny.

As John Stuart Mill wrote, in his essay *On Liberty*, "Over himself, over his own body and mind, the individual is sovereign...he is the person most interested in his own well-being".

I do not want my close relatives and friends to remember me as an increasingly decrepit person, especially if I become more and more dependent on others, even those who might love me, for my basic needs. Becoming a permanent burden on others is not something that I want to contemplate, even for a relatively short period of time. As a young man, I remember being so impressed by the heroic story of Lawrence Oates, one of the four remaining members of Captain Robert Scott's team who, returning from their conquest of the South Pole, realized that his increasing inability to walk (due to severe frostbite) was fatally delaying the possibility of his companions reaching safety, decided to leave them, walking out into the blizzard surrounding their tent, saying "I am just going outside and may be some time".

When, in the coming years, I find myself suffering more and more severely from various health problems, I will not cling on being an increasing burden on others around me. Instead, I will plan to travel to Switzerland where there are three different organizations which are willing to help foreigners like myself to receive a doctor-assisted suicide. I have been a member of Dignitas (in Zurich) since 2003; a member of EX International (in Bern) since 2007; and, more recently, a member of Lifecircle (in Biel-Benken, near Basle) which was only established in 2012. Belonging to all three is both a treble "insurance policy" for myself as well as an opportunity for me to support their wonderful humanitarian services - although I have been told that, even being a member of two of these three organizations is like a man who has both a belt and braces to hold up his trousers!

My Swiss death, if it becomes necessary, will be rational, dignified and what I want for myself while I am fully aware of all my

possible other options. In recent years, I have accompanied four individuals to Switzerland, and witnessed their doctor-assisted suicides. I am convinced today that this is the planned exit I want for myself. My only regret, of course, is that I would so like this departure to be possible in the UK. Unfortunately, for various reasons - ranging from the composition of our present Parliament at Westminister to the particular British influences collectively called “the Establishment” - this is unlikely to happen soon. Also, I do recognize that fortunately I have, unlike many others, the necessary financial resources to make this trip to Switzerland possible.

WHAT IS LIFE? WHY AM I HERE?

During our lives, I am sure that most people will, at some time, ask themselves (and perhaps bore their families and friends) with questions like - “Why is there something when there could be nothing?”; “Are we alone in this vast universe, or are we not?”; “What is life?”; “What is our destiny?”; “Why am I here?”; “What is intelligence?”; “What is the universe expanding into?”; “What caused the ‘Big Bang’?”; “What existed before it?”; “Why does the universe need to continue to exist?”; “Is death a door or a wall?”; and, so on.

I have always loved such questions. And, of course, no one really knows any of the answers - although it can be both fun, exciting and frustrating to consider the possibilities.

What we do know are facts like - our universe is nearly 14 billion years old. And, our galaxy - the Milky Way - has at least 100 billion stars (one of which is our sun): yet, it is only one galaxy among possibly 100 billion others. Then, Earth, travelling at some 62,000 miles an hour (or seventeen miles per second) around the sun, only appeared about 4.5 billion years ago. Our planet is a small speck in this vast universe. When considering all this, should we experience any meaning or wonder at our existence? Or, do we feel the terrifying thought of our own insignificance? We are vulnerable creatures - especially as we do not really know if we have been created for some purpose or whether we are just accidental.

After its appearance, for millions and millions of years, there was no life at all on our planet. Eventually, single-cell organisms, algae and bacteria, apparently evolved from chemical reactions in the

warm pools on the surface, and so the long road of evolution began, and is still continuing today. Or, as an alternative, simple bacterial life may have arrived from outer space, being brought here on a comet (if this is true, has further evolution occurred elsewhere in the universe?). Either way, it is important to remember that bacteria are still very necessary for the continuing existence of life on this planet. And, our planet is in a constant state of flux - whether it is the melting ice caps, north and south, or the movement of the Earth's tectonic plates (for example, the gap between Washington and London is widening by three inches every year - or, at the speed with which our fingernails grow).

Interestingly, our body is essentially a bacterial and viral colony, wrapped inside some protective tissue. It has been estimated that, while the average adult has ten trillion human cells, there are one hundred trillion bacteria inside each of us.

The most important grouping of human cells make up our brains. The adult human brain is possibly the most intricate arrangement of cells in the whole universe. Weighing about three pounds (or 1,400 grams), its millions of active nerve cells enable us to learn, think, imagine, speak, remember and relate to everything around us. It is always functioning - even, often in my case, giving me ideas in the middle of the night which require me to write them down in a notebook I always keep next to me in bed. Our brains are evolved structures, functioning as human computers.

It is my mind and my consciousness, in my brain, rather than the rest of my body, that is ME, my existence, my identity. Each of us has a separate ego, looking at the world in our separate ways. Of course, my body is a vital part of the "I" that I know. It is the physical apparatus that I carry around - it is what got me to work (years ago now before I retired), or into a restaurant last week - I never leave home without it. The interconnection of my body and my mind and consciousness are essentially ONE entity - all of which, I believe, die together without any separation. But, as the title of a 2014 book indicated - *We Are Our Brains*.

The question of what might survive, however, when death finally happens has concerned many individuals over the centuries. The possibility of an afterlife obviously occurred early in human evolution, long before we had organized religions. Our earliest ancestors, after disposing of their dead - by fire, burial, into rivers or the nearest ravine - must have felt abandoned in such situations. So, myths arose, and later there were oracles and seers, then priests, preachers, imams, rabbis, archbishops and popes, along with writers and poets, all considering what might happen when we die.

In 2006, I made a survey on *What Survives?* when we die. This involved picking 1,600 individuals at random from *Who's Who*, selecting names from the right-hand column of the right-hand page of the 2002 edition. Why *Who's Who*? Because I believed I was more likely to get interesting opinions from many of the 32,000 people listed in this reference book, which claims to be the "recognized source book of information on people of influence and interest in all fields", than elsewhere - although one of those who replied to me wrote, "I'm not sure why the views of a random selection of people picked from *Who's Who* are any more interesting than travellers on the Clapham omnibus".

I received 761 replies from the 1,600 individuals to whom I had sent the questionnaire. I believe the main reasons for such a high response was that I identified myself, in the first sentence of my letter, as also being in *Who's Who*. Furthermore, it may have helped that I sent a first-class stamped-addressed envelope for each reply.

Recipients to my letter were invited to select one of four possibilities as to what survives after any death. Twenty-nine per cent believed that a 'soul' continued to exist after death, and five per cent thought that no individual souls survived but they did admit to the possibility of a non-specific life force continuing in some form. A further forty-six per cent said that nothing at all survived death except a person's descendants, writings, photographs, and other people's memories. Only twenty per cent - perhaps the most honest of all those who replied - were "unsure what will happen when I die".

What was a pleasant surprise, in doing this survey, was that 389 of the 761 who replied gave me additional comments beyond the basic question I had asked. Some replies were religious, such as "Being a Christian, I know that I will continue to exist", and "I see our lives on Earth as merely a preparation for our coming, in due course, face to face with ultimate reality". Others were not, like "Who wants to spend eternity with the relatives we didn't choose", "Two loved wives in heaven would be a bit much", "God could help his case by offering more evidence", and "I must say I anticipate my extinction with a certain resentment: I have spent my life acquiring much knowledge and it does seem to be a fearful waste of resources".

It was very satisfying that *The Times* published two reports on this survey. The first, as a news item, on November 23, 2005, was entitled "Great and good have little truck with God": the second, on April 15, 2006, covered two pages in its weekend section 'Body and Soul', quoting extensively from some of the comments I had received.

Even if there is no survival after death, each human being leaves something behind. Not one of our direct ancestors died childless. Seven thousand generations ago, we were all East Africans. As I write this booklet, at my dining-room table, I can look up and

see a wonderful gift that my present descendants gave me on my 80th birthday - a large, framed photograph of my three charming daughters, together with their eight children. This is proof of my evolutionary legacy (perhaps the only essential reason for our own existence?) - and my genes will live on, with an increasingly lessening degree, to have some influence (hopefully, beneficial) on future generations.

But, in addition to my children and their children, I will leave behind articles and booklets that I have written (ranging from *Overweight: a Problem for Millions*, which sold about one million copies between 1964 and 1987, to *Nuclear Energy: Good or Bad?*; and from *Travelling without Tears* to *Tilting at Windmills*); photographs from all over the world (especially from Bangladesh where I enjoyed working for four years); and my presence in the records of the various organizations in which I have been much involved - especially, in recent years, the establishment of the Secular Medical Forum in 2006, and the Society for Old Age Rational Suicide in December 2009, on international Human Rights Day. Then, perhaps at least two generations of my descendants will remember things that we have done together or topics we have discussed - I have always kept close to my daughters, and, more recently, I have enjoyed being with my grandchildren when they have travelled to England (from the USA) without their parents, and telling them about the essential things in "life", ranging from certain facts about the universe to the unfairness of human existence ("Third World" poverty, etc).

While I accept Darwin's concept of evolution - random mutations producing variations in organisms and external pressures from the environment determining which variations are passed on to further generations - I am frequently reminded of the thousands of species which have developed in the past on Earth, and then died. Dinosaurs existed for some 150 million years. Today, there are over two million species known to Science (and perhaps

many more still to be discovered?). I remember one cynic recently saying that “god” must have a fondness for beetles as there are so many varieties of them.

We must never forget that, while a comparison of the DNA molecule across all living creatures tells us that all living things have a common origin, the common ancestor of humans and chimpanzees lived only five million years ago (our human DNA is estimated to be 98.5 per cent identical to that of a chimpanzee). Our own species, homo sapiens, evolved over the past 200,000 years. If we can imagine that the history of all life on Earth is compared to the 365 days of one year - with each day representing ten million years - then homo sapiens appeared about 11.30 pm on December 31st. Alternatively, if my arm represents the age of Earth, then the presence of homo sapiens is equivalent to one shaving off a fingernail.

Naturally, evolution is a continuous process - but, does it have any aim, any end-point? Or, is homo sapiens the final reason for the existence of the universe? How arrogant! Personally, as I consider our existence to be an accident, I see no reason whatsoever to believe that the order of Nature has any greater bias in favour of “Man” than it had in favour of any of the dinosaurs.

For those who believe in the existence of “souls”, using the accepted religious use of this word, I wonder when they think these appeared in human bodies during our extensive evolutionary process? A bit of a digression, I will admit, but what nonsense it is to believe that the “soul” enters a fertilized human egg at conception because, as about two-thirds of fertilized eggs are normally lost in nature, it would mean that heaven, if it exists, is mainly populated by those who have never actually been born as normal babies. In fact, if there is a personal god who is really interested in our welfare today, why did it take so long to create homo sapiens?

It is wonderful, to me, to realize that humans are connected to all life on this planet, and therefore to the planet itself. Projecting this fact still further, we can easily realize that everything in the universe has the same origin - we are all composed of the same basic ingredients. As Native Americans often say - “We are one with Nature, and we should nurture and respect it”.

We are together, the universe and us. Fortunately, unless “humans” exist elsewhere in the universe, we are unique in being the only known observers of the universe, who are possibly just now beginning to understand it. We are indeed privileged for being the first species which is apparently able to describe it.

Our individual life is truly very unique. Each individual is alone with her/his own experiences. But, does my life have any real purpose, beyond producing children? Is my life serving some greater meaning? Am I here to help others or just myself? Is it better to be a slave with a role to play in the universe (ordained, perhaps, by “god”?), or am I free to simply create a role for myself? Personally, I believe I should live my life to the full, not because it has any divine purpose, but because this is the only life that I will have and so I must make the most of it. And, true to myself, I will get the greatest satisfaction in being briefly on this planet to help others.

I had a wonderful thirty-three years (1957 to 1989) working in the “UN System”, initially, as a doctor in New York for the UN staff (with two years in Pakistan); then, as the Director of Personnel for the UN Development Programme; then, as the UNICEF Representative in Bangladesh (where I founded Assistance for Blind Children in 1979); then, as the UNICEF Senior Adviser for disabled children (including being a consultant for the UN International Year of Disabled Persons); and, finally, as the UN Medical Director, concerned with the medical needs of UN and Agency staff and their families around the world.

Subsequently, for a short period, I was the Medical Director for the IMF and World Bank, in Washington. Following retirement back to England, in 1993, and then becoming the national Chairman of the United Nations Association and also of the Voluntary Euthanasia Society (six years in the latter post) was both interesting and enjoyable. Now, having had twenty years in the right-to-die movement, both in the UK and internationally, I am experiencing greater and greater satisfaction.

And, less publicly, I have had some wonderful relationships with several beautiful and exciting women. From my first engagement, as a medical student, in London, to marrying two ladies while living in New York, to almost marrying a Hindu woman when I worked in Dacca, to marrying a Londoner soon after my retirement to England, and now finally living (without the need for marriage, by mutual agreement) with a wonderful lady in Surrey, I have been extremely lucky. In my opinion, “falling in love” is the most exciting emotion one can ever experience, and I am so very fortunate to have felt this way so often. Even better, my three divorces were essentially amicable (each time, only involving one lawyer), and, I am delighted, for example, to now be on friendly terms with my first wife (the mother of my three daughters) and her second husband. We accept that we can love more than one child, parent, sibling or pet - when one thinks of it like that, is not the total exclusiveness that is expected of “lifelong love” rather strange? Thinking of possible genetic influences, my romantic history might be partially due to my father who, in the days when “a breach of promise to marry” was a potential legal problem, was engaged at least three times to different women before he married (for the first time) my mother when he was 47 and she was 22.

It is the quality of life that is important: it is what happens in my brain or mind that really matters. An extremely close relationship with another human is priceless. A good and rewarding life,

for me, is not dependant on the number of cars or TV sets I possess, or the size of the house in which I live and share my life, or on the quality of my clothes - these are simply replaceable possessions which too many people today foolishly care about, due to the constant pressure of advertising and salesmanship, the unscrupulous manipulation of public taste.

It is always vital to remember that our individual life is a momentary flicker in the history of the universe. Our existence is for a short period of time, basically between two periods of darkness. Before we were born, we did not exist: but, very few of us are concerned about this non-existence. As Mark Twain once wrote - “I had been dead for millions and millions of years before I was born, and I have not suffered the slightest inconvenience from it”. So, why should we fear death? Why should we worry about there being a time when we cease to exist? Perhaps to die is to simply return to the state we were before we were born? No one else can die for me - it is my individual freedom.

It is also important to remember the accidental nature of our existence. Sometimes, I have a certain eerie feeling when I think about my own conception because, if my mother had married her first fiance, instead of my father, I would not be who I am today. One can have similar feelings when thinking that our relatives (especially our children) and friends might never have been as they are.

Whenever I hear a religious person tell me that “God gave you life”, I now reply that “it was my parents who gave me life”. I much prefer to think that it was my parents who - in a moment of passion (I hope), several weeks before they were married in 1930 - gave me my body and my mind, and not some mysterious, man-invented religious object. It gave me great pleasure to mention this during a BBC radio debate, involving a Roman Catholic bishop, in January 2009.

When one considers the vastness of our universe (and, are there even parallel universes, as some cosmologists believe?), how insignificant one human life can seem to be. But, my life is of tremendous significance to me. I may be a mere speck in the vast cosmos, but I am a thinking, rational entity. I may have come out of (and, one day, disappear into) the infinite anonymity of space and time. But, I am my own person, and I must be allowed to make my own decisions - as long as I do not harm others. None of us was invited to this earthly party, or even accepted the invitation. However, in many ways, life on this tiny planet is like a lengthy visit somewhere, with its good, bad and boring bits.

While there is much beauty in this world, there is also much beastliness. My family and I have been very fortunate to have been born in Europe or North America. But, elsewhere, millions and millions have lives of great poverty, with so many suffering from severe disabilities, far removed from even basic sanitation or adequate medical care (according to the World Bank, two billion people still subsist on under US$2 a day).

However, even in the deprived areas of the world, all can marvel at the scale, the majesty and the elegance of the universe in which we all live, although playing a very small and fragile part. But, can anything ("god"?) guarantee that this Earth will remain friendly to us? No. At present, our star, the sun, is the source of life on this planet - in fact, we are all creatures of the sun (in ancient Egypt, with its 1,500 gods, the Sun God was the most important of them all). But, the sun, 93 million miles away from us, is halfway through its life cycle. In four to five billion years, it will collapse and no longer exist - everything, good and bad, eventually dies.

The sun is a nuclear furnace. In recent years, I have become fascinated with neutrinos - extremely tiny particles, which are about one ten-millionth the mass of an electron - which, initially

discovered in 1956, originate from the sun. Billions and billions of these neutrinos pass through our bodies - and all other living creatures - every day, without apparently doing any harm to us. But, why do they exist? Is this some form of "life force", which enters at conception and leaves when we die? Like the five per cent of those who took part in my *"What Survives?"* survey, I believe in the existence of such a life force - some form of energy - and, several years ago, I suggested that this could be called "psyche-anima", a combination of Greek and Latin, which represents one's mind and vitality.

When the sun dies, so will our planet. Before that happens, climate change may alter the conditions in which we can survive. Science makes possible an increasing human population, while destabilizing the environment in which we can live. But, our planet may recover (the Gaia concept), and other forms of "life", and even of us, may emerge to replace homo sapiens before both sun and Earth finally disappear. Perhaps, before that happens, the evidence of homo sapiens will slumber on in the Earth's fossil record?

Then, there is the strange, uncertain existence of "dark matter" and "dark energy": the latter being the bizarre force which seems to be pushing the universe apart (it is expanding between five per cent and ten per cent every billion years), when gravitational pull ("dark matter") is making it contract. Frankly, I agree with John Haldane who, decades ago, said, "The universe is not only queerer than we suppose, it is queerer than we can suppose".

Sometimes, I wonder about "life" elsewhere in this amazing universe: the development and activities of SETI (Search for extra-terrestrial intelligence) fascinate me. Is there "life" among the billions of other galaxies? Perhaps the surest sign that intelligent life exists beyond our planet is that it has never tried to contact us. But, if we did receive some communication one

day from outer space, I would suggest that our replying message should be along the lines of - “Two thousand years ago, we had a visit from the creator’s son: has he been to you yet?” Or, as Aldous Huxley once observed - “Maybe our world is another planet’s hell”. If we ever discover why we and the universe exist, it would be the ultimate triumph of human reason. Fortunately, while there is much that we do not know, and no doubt a great deal that we will never know, it does not follow that our lives should be empty or futile.

In ending this section of this booklet, one can simply observe, being extremely honest, that, at present, nobody on our planet today really knows “what is life?”, “why am I here?”, or “what survives when I die”? Life is the initial mystery, and death is the final mystery. In fact, both are very wonderful mysteries. But, when death does come, the mystery might be gone for the one who dies. Upon dying, that person might possibly know more about death (and life?) than anyone presently still on this planet. As Peter Pan notes, in J.M. Barrie’s play, “To die will be an awfully big adventure”.

Again, is death a door or a wall? Personally, I believe the latter, but, part of me would like the former - so that, after over eighty years on planet Earth, I could start another adventure elsewhere.

RELIGIOUS FACTORS

While not being at all religious, in the conventional use of the word, I do find comfort, at times, in what used to be called “spirituality”, but is today better known as “transcendence”, which is far removed from formal organized religions. While all religions have been invented by human beings, transcendence is a benign phenomenon, focusing on the enjoyment and marvels of all that we can see and feel - the sun and the wind, the rain and the thunder, the birds and the other animals (especially on safari in Africa - the best holiday I believe one can experience), the rivers and the sea, and, even in the UK, many beautiful landscapes.

Of course, I accept the fact that the universe was created in some mysterious way, and, when I am asked “Do you believe in God?”, I reply “Yes”, and then add that I use the word “god” to identify the wonderful creative force of our cosmos. To me, “God” and the “Big Bang” are synonymous. But, and this is an extremely important “but”, I do not, in any way, believe that there is an “entity” watching over me, my family or my friends, evaluating (and recording?) whatever we are doing. Thank goodness! Alternatively, I could perhaps say that I believe in “God” - only I spell it “Nature”.

Usually, the main opposition to changing the law, to permit doctor-assisted suicide for those who are suffering severely, is from religious organizations. While the Islamic and Jewish faiths are generally negative, and evangelical bodies are increasingly vocal, the strongest opponent throughout Europe is still the Roman Catholic church. Although, in the UK, it must be quickly added, none of the twenty-six Anglican bishops, who automatically sit in the House of Lords (surely the best example of a “parliamentary paid lobby”?), even remotely supported Lord Joffe, in May 2006, when he presented an Oregon-type doctor-

assisted suicide Bill for terminally-ill individuals - so much for Christian compassion.

In 2006, Lord Joffe blamed the Roman Catholic church, led by its Archbishop of Cardiff, Peter Smith, for organizing the main opposition to his draft Bill - "there was a massive political campaign, with petitions, DVDs, and leaflets being distributed in Catholic parishes". In the United States, it is generally acknowledged that this antiquated and excessively rigid church (the Pope is a typical, old-fashioned autocrat at the top of Vatican imperialism) is the most powerful interest group opposing the legislation of right-to-die laws. It created the National Right to Life Committee as a lobbying organization (without endangering the church's tax-exempt status) which stresses that "life is a gift from God, and that suffering is an opportunity for spiritual growth and the atonement of sins": this body provided some of the funds used in the 2006 campaign against Lord Joffe. And, thinking of the statement that "life is a gift from God", is there no right to decline a gift when it is nothing but a great burden?

In February 2009, Pope Benedict said that "the answer to euthanasia is love...euthanasia is a false solution to the drama of suffering...we should bear witness to the love that helps us to face pain and agony in a human way...no tear, whether it be of those who suffer or those who stand by them, goes unnoticed before God". What claptrap!

It has often puzzled me that the individuals who are most afraid of death - who want to delay it for as long as possible - are frequently the religious ones, whereas non-religious persons (such as humanists and secularists, like myself) usually see death as terminal and not transitional, and are more likely to support legalized doctor-assisted suicide and voluntary euthanasia. When a devout person is told that he or she has only a few months to live, I feel that they should be excited: and, they should welcome remarks like "Please give my love to Aunt Sally when you see her in heaven". Perhaps the reason is that those who believe in an afterlife might worry about the "fear of God", of a day of judgement, or even of hell. The fear of death is still one of the main reasons for the presence of organized religion today, as most religions view death not as an ending but as a beginning to another existence.

Of course, many religions have become somewhat distorted from their basic principles as they developed over the centuries. The histories of the Christian churches can be summarized as dogma, persecution, hatred, and destruction - in fact, everything that Christ, a Jew, is reported as opposing. He would surely not be pleased if he saw the ornaments and decorations, heard the rituals and sacraments, and became aware of the numerous saints and idols which are to be found in many churches today, especially the Roman Catholic ones. And, still thinking of the Roman Catholic church, why should we take advice on sex from the Pope or a priest when, if they know anything about this subject, they should not!

Having had a home in Manhattan for about thirty-five years, I have had a great interest in American history. The Founding Fathers would be horrified by present-day American religious fanaticism. Years ago, Thomas Jefferson wrote, "Christianity is the most perverted system that ever shone on man"; and John Adams noted that "This would be the best of all possible worlds if there were no religion in it". Organized religions are like organized crime - they prey on people's weaknesses, often generate large profits for its operators, and are difficult to eradicate.

All religions are man-made - by priests, bishops, popes, imams, rabbis and ayatollahs. Unfortunately, these individuals have often not agreed on what their prophets, or gurus, actually said. In general, religions seek to interfere with the lives of non-believers:

they may speak about the bliss of the next world, but they want power in this one. Religions are divisive and quarrelsome. They are a form of one-upmanship because they depend upon separating the "saved" from the "damned", the true believers from the heretics, and the in-group from the out-group.

Religious people often forget that the god who gives their lives meaning also frequently wants them to destroy other people who believe in other gods or in nothing. More people have been killed in the name of Christ or Mohammad than any other name in history. Men and women never do evil so cheerfully and efficiently as when they do from religious conviction. Organized religion tells people to go and stick their noses in other people's business. A glance at history reveals that the ideas which often divide one group of humans from another, only to unite them in slaughter, generally have their roots in religion. Furthermore, "God" and "Country" are an unbeatable team - together, they break all records for oppression and bloodshed.

Look at some examples just from the past century. In India, at the time of partition in 1947, over one million people were killed in riots between Hindus and Moslems. In Northern Ireland, one set of Christians fought against another set of Christians: and permanent peace would be easier, even today, if segregated schools were abolished. Atheism does not bomb anybody, behead them, stone them, fly planes into skyscrapers, or burn abortion clinics or even kill doctors. Religion kills - whether it be Islamic jihadists, land-grabbing Israeli settlers, or Popes forbidding the use of condoms to prevent AIDS.

The Roman scholar, Lucretius, noted, some 2,000 years ago, that "All religions are equally sublime to the ignorant, useful to the politician, and ridiculous to the philosopher". Emperor Constantine raised Christianity from an eccentric cult to an official religion - a smart and clever decision. The Christian religion did not survive because many believed in it - it was imposed by rulers to maintain social control and to offer consolation for the difficulties of life on this planet. Napoleon, in the 19th century, wisely remarked that "Religion is excellent stuff for keeping common people quiet".

Philosophy begins where religion ends, just as chemistry begins where alchemy runs out, and astronomy takes the place of astrology. Philosophy is questions that may never be answered: religion is answers that may never be questioned. Science helps us to understand the truer conditions in which we live. When one person suffers from a delusion, it is called insanity: when many people suffer from a delusion, it is called religion. If someone talks to "God", one is praying: but, if "God" talks to one, that person is often schizophrenic. Superstition can set the world aflame: philosophy can help to extinguish such flames. Certainty about the next life is often incompatible with tolerance in this one.

While I am strongly opposed to religious organizations - because, over the years, they have generally done much more harm than good - I do recognize that religious faith does help some people in their daily lives to do some good for others. It is essentially a matter of personal choice whether one believes or not. However, it is not of any help to me.

What greatly concerns me now is that religious influences in general insist that very elderly people - the old-old - who can only expect to live, at best, for a few more years naturally, must never consider even the possibility of prematurely leaving this planet, especially when they are suffering from some medical condition, even if they are mentally competent to ask for a quicker departure with the assistance of a compassionate, caring doctor. Before Christianity, suicide was never a problem. Perhaps, as religion declines in the Western world, this freedom, when suicide is a rational act, can be reclaimed?

Supporting the right to have the option of a doctor-assisted suicide does not imply that someone must die this way. It is like being pro-choice on abortion without having one. For most people, a doctor-assisted suicide, or voluntary euthanasia, will not be a first choice. If all goes well, a natural death will be preferable for the great majority. But, having this choice provides insurance for a very large minority of individuals. It gives them a sense of being in control of their death, which can greatly reduce much anxiety. And, most importantly, it provides an exit option when all else fails.

The main religions, in the Western world, are based on two books - the Bible (with its Old and New Testaments) and the Koran. Much of the Bible is a strange book - the result of documents composed, revised, translated, distorted, and “improved” by hundreds of authors and editors, spanning many centuries.

All the essential features of the Jesus legend (a star in the East, the virgin birth, the miracles and the resurrection) were borrowed from other religions which were already in existence in the Mediterranean region. The Bible is an interesting and poetic work, much of it fiction, which is not the sort of book one would give to anyone to form their morals. People pick and choose the bits of the Bible they want to believe or to make a point in some discussion. Of possible value (and my humanist and secular friends are no different to my religious ones in honesty, fidelity, generosity and integrity) are the ten commandments which, in general, can be rewritten to say, “Do not steal”; “Do not do to others what you would not want them to do to you”; and “Try to cause no harm”, etc.

From the Koran, one can also have a “pick and mix” selection of quotations. In this book, if one wants peace, one can find peaceful verses: and, if one wants war, bellicose verses can be quoted. Fortunately, like most Christians, the great majority of Moslems are peaceful.

In spite of the variety of ancient religious writings, I believe that we are not the centre of the universe - we are incidental. We have a rather pointless role to play in an indifferent cosmic drama - we are essentially like extras that have accidentally stumbled on to a vast movie set. Thinking back over some of our predecessors on Earth, perhaps we differ mainly from the dinosaurs and other animals only in contributing today a great deal more than they did to our own fate as we gradually destroy our environment.

There must be a God, so the argument goes, because, if there were not, life would be pointless, futile and empty. But, did this God have any choice in creating the world as it is? What was God doing before creating this universe? What a senseless operation on God’s part to create a multitude of species, and then to let many of them die out. And, for “his” many human animals today, what kind of love does a “God” have for his principal achievement, homo sapiens, when “he” allows so many to suffer in Africa, Asia, the Middle East, and South America? And, how can severe natural disasters - from huge earthquakes to tsunamis - be regarded as beneficial?

Voltaire once wrote, “If God does not exist, it would be necessary for us to invent him”. Thinking of biblical history, if God created Man on the sixth day, it can be said that Man returned the favour on the seventh.

A religious person may believe in some form of life after death, with her/his soul in heaven. Millions may long for immortality who do not know what to do on a rainy afternoon or during a boring holiday. In church, one hears that death is a gateway to eternal life, and to be welcomed. But, outside of church, the leaders of that church are telling their followers that everything possible should be done to postpone death even for those mentally competent individuals who are suffering severely from illness, disability or very old age, who want to die as quickly as possible.

During wars, armies are told by their clergy that "God" is on their side, just like athletes who believe "God" helps them win - all against opponents who seem less worthy of "his" favouritism. But, not surprisingly, "God" lets the side with the better weapons, or the individual with the stronger legs, win. I know of motorists who believe "God" will respond to their prayers and find them a parking space in a city on a Saturday night!

At this point, I trust that the reader of this booklet will surely realize that I have little support for religious beliefs and ideas. Simply put, I am totally opposed to organized religions because of their blind beliefs and reactions, dogmas and bigotry, superstitions and exploitations, and the preservation of their vested interests.

BUT, organized religions are the main forces opposing the adoption of legalized right-to-die laws. Perhaps we should now avoid describing this opposition as being "pro-life", as everybody is surely pro-life? I know that I am, enjoying each day to the full. Instead, these opposing forces, especially the religious organizations, should really be labelled as "anti-choice".

Why cannot I, if I am mentally competent, approaching old-old, and increasingly suffering from medical problems, not be allowed to have the option of a compassionate doctor helping me on my way to oblivion, especially when it is impossible for me to naturally have many more years to live? And, if on my death, I do find that, after all, there is another existence, somewhere else in this universe, I will have come closer than anyone else on this Earth to understanding a little of "What is it all about?". How lucky can anyone get!

RIGHT-TO-DIE ACTIVITIES

During the 1980s, when I was the Medical Director at the United Nations, in New York, I became aware of "living wills", and I encouraged my UN colleagues, around the world, to complete one of these documents. I have had a living will now for over thirty years.

Soon after I retired back to England in 1993, it was natural to then get involved with the Voluntary Euthanasia Society - the main supplier of living wills in the UK. Founded in 1935, VES was the first right-to-die society in the world (it was renamed Dignity in Dying in 2005). Thus, began my interest in trying to change the law in the UK to legalize doctor-assisted suicide for those who are terminally ill, which has now expanded into similar assistance for the elderly who are suffering from medical conditions as they approach the end of their natural lives.

There are many in the global right-to-die movement who prefer to use euphemisms such as "assisted dying" or "doctor-hastened dying" when they really mean "doctor-assisted suicide" (or, even, "voluntary euthanasia"). Like my mother, who was from Lancashire, and always said, "Call a spade, a spade", I regard these expressions as being wishy-washy, rather feeble, with much less impact. After all, in a strictly legal sense, I suppose advance decisions (as living wills are now legally called in the UK), when these refuse life-saving treatment, can be considered as a request for a doctor-assisted rational suicide, especially if they apply to an individual who has now developed a dementia and could be expected to live for several more years.

In 1994, I was a weekly volunteer at the VES office in central London, answering the telephone, replying to letters, and stuffing envelopes. However, mainly because others were

pleased that a doctor, even a retired one, was actively involved, I was asked to join the VES Board and, in 1995, I became the Vice-Chairman, moving up to the Chairman position in 1996. Then, as the Chairman cannot continue for more than three consecutive years, I became the Vice-Chairman again in 1999, until 2001, and then, once more, was the VES Chairman from 2001 to 2003. Unfortunately, in December 2003, because of my willingness to help a terminally-ill friend, on the Isle of Man, to die, I had to resign from the Board (and the President, Sir Ludovic Kennedy, also followed my departure). In 2004, as I refused to curb my media activities in giving my views, whenever asked, on "right-to-die" issues, I was actually expelled from the Society at the VES AGM that year - the opposition to me, within VES, was mainly from the Society's General Secretary, Deborah Annetts, who wanted to exert much personal control over all its activities (fortunately, she left the organization in 2007).

One VES project, in which I was very much involved, which greatly pleased me, was to establish Doctors for Assisted Dying (DAD) in 1998. This group, which I chaired, was limited to doctors who were members of VES. We wrote letters to the Press (the first, from me, appeared in *The Times* on January 9, 1999), and gave talks. Unfortunately, after I left VES, it was dismantled: but, it was re-formed as Healthcare Professionals for Assisted Dying in 2010 (now, including nurses and other healthcare workers as well as doctors, it is an associated organization of Dignity in Dying).

In my first term as the VES Chairman, I became involved in the World Federation of Right-to-Die Societies - an umbrella organization of 52 societies in 25 countries (mainly in Australia, Europe and North America). I attended my first World Federation conference in Melbourne in 1996. There, I gave a plenary speech on "Palliative Care and Voluntary Euthanasia: Cooperation or simply Coexistence?", basically proposing that no one should consider the possibility of an assisted suicide or voluntary euthanasia until all the alternatives offered by palliative medicine had been fully considered. In fact, I believe that both assisted suicide and voluntary euthanasia should become an essential part of good palliative care (as can be seen today in Belgium and in The Netherlands). A summary of this speech was widely reported in the Australian press: also, it formed the basis of the Melbourne Declaration on Physician-Assisted Dying which was signed by all the doctors attending this conference.

In 1997, I became aware of Dr. Dave (David) Moor. In an interview I gave to *The Sunday Times* - published on July 20th - I stated that, like many general practitioners, over the years, I had assisted terminally-ill patients to die, using the doctrine of the "double effect" (giving drugs, in increasing dosages, to relieve distressing symptoms rather than openly stating that these would end someone's life - although this is what usually happened). This *Sunday Times* front-page report naturally resulted in considerable reaction - including a very supportive statement from Sir Ludovic Kennedy, which led to a headline in *The Observer* of "Celebrity backing for mercy death doctor".

Out of the blue, Dave Moor, a GP in Newcastle, telephoned me on the same day (July 20th) to say that he had just told the Press Association that he had "helped at least 150 patients to die, including two only last week". Naturally, this led to a variety of headlines on July 21st, ranging from "Police quiz mercy killing doctors" (*The Daily Mail*), to "Medics face police over euthanasia" (*The Independent*). Also, on this day, I did ten TV and radio interviews, ranging from BBC Radio Four to Sky News. *The Daily Mail* had a cartoon showing a doctor at a patient's bedside, saying "Euthanasia? Don't be absurd - do you know how long the waiting-list is for that?" And, even *The Financial Times* carried another cartoon of four angels, with the caption "It's a funny coincidence - we all shared the same doctor". On July 23rd, a poll

in *The Sun* showed a 15:1 support for Dave Moor and myself.

On July 30th, Dave Moor was arrested for the murder, on July 19, 1997, of his terminally-ill cancer patient, George Liddell, and he was placed on bail - he was not charged until June 1998. For myself, although questioned by the police, and exchanged letters with the General Medical Council, no further action was taken.

Dave Moor and I now became good friends, meeting both in Newcastle and in London. On April 16, 1999, he went on trial in Newcastle. I attended the first day. However, as I interrupted the opening prosecution statement by shouting from the public gallery "You are persecuting a wonderful, courageous doctor, sir. This is a disgraceful trial", I was ordered by the judge to leave the court. His trial was extensively covered by the media. Fortunately, on May 11th, Dave was cleared of murder. In an editorial in *The Daily Telegraph*, on May 12th, it was stated that "Dr. Michael Irwin of the Voluntary Euthanasia Society commented, apparently without irony, that the verdict 'shows that slow euthanasia is alive and well'" - the doctrine of the double effect is full of hypocrisy, but is more palatable than the truth for many doctors and politicians.

Dave Moor wrote a book on his experience, *Allowing Dignity in Death*, which was published in early 2001, after his untimely death in October 2000 at the age of 53 - for he never really recovered from the stress of his trial and the collapse of his marriage. I wrote the Introduction to Dave's book - in this, I noted that "almost certainly Dave Moor will be the last doctor in this country to face a murder trial that turns on the doctrine of 'double effect'". Years later, what Dave Moor did, like many other doctors including myself, is now politely called "terminal sedation" or "continuous deep sedation" - it is essentially Society's wink to "slow euthanasia", which is performed in general practice, in hospitals and nursing homes (until recently, given the title of the "Liverpool Care Pathway" in the UK), and especially in hospices throughout the world.

In October and November 1999, I stood as a parliamentary candidate in the London constituency of Kensington and Chelsea (where I had been living since 1994) to campaign for legislation for living wills - this by-election occurred because of the death of the sitting MP, Alan Clark. In fact, I was the first (and, perhaps, will be the only) "Living Will Legislation" parliamentary candidate in the world - my campaign slogan was "Ensure that you keep control over what happens to your body". The 60,000 voting constituents in this area each received a sample living will as my election leaflet. As required, there was a public meeting in a local hotel where, in addition to questions on living wills, I also had to handle other subjects such as the condition of the roads outside the South Kensington tube station and the street lighting in several areas of the borough.

Because of the unusual nature of my campaign, there was considerable media interest, ranging from *The Guardian* to the London *Evening Standard* - the latter noted that my campaign "gave a whole new meaning to the use of 'Exit Polls' in elections". The result of this by-election, held on November 24th - which allowed a former Cabinet Minister, Michael Portillo, to return to the House of Commons - was that I came ninth out of eighteen candidates. The only other "single issue" candidate to beat me was one supporting the legalization of cannabis use (obviously, an important issue in that area of London). Fortunately, the necessary legislation was eventually incorporated into the 2005 Mental Capacity Act.

Following my initial contact with the World Federation of Right-to-Die Societies in 1996, I became more and more involved with this international organization and this led to me becoming

its Vice President in 2000, its President in 2002, and the Past President in 2004. From 2006 to 2008, I was off the World Federation Board, but I returned to it in 2008 as the Treasurer and remained in this post for four years (from 2011 to 2013, I was also on the Board of Right-to-Die Europe, which is the regional grouping). It was a great privilege to be so involved with the global right-to-die movement for all these years, especially with the development of legislation in both Europe and the United States. In particular, these international activities recalled many pleasant memories of my United Nations career, such as the great pleasure of having like-minded friends around the world who I could meet when conferences were held in cities like Barcelona (2001), Boston (2000), Brussels (2002), Frankfurt (2009), Luxembourg (2003), Melbourne (1996 and 2010), Paris (2008), Rome (2013), Strasbourg (2007), Tokyo (2004), Toronto (2006), Turin (2005) and Zurich (1998 and 2012). And, at the forthcoming World Federation conference, in Chicago in September 2014, it is of particular pleasure to me that "old age rational suicide" will be one of the main topics to be discussed.

While it is often stated that at least 75 per cent of the British public today support changing the law to allow a mentally competent, terminally-ill adult the option of a doctor-assisted suicide, it is very important to realize that this figure is not rock solid. If only three answers are expected when the question is asked - "Yes", "No", or "Neither/Uncertain" - then, 75 per cent or more will be positive. But, if there are five possible answers offered - "Strongly agree", "Tend to agree", "Neither", "Tend to disagree", and "Strongly disagree" - then, those who are in the first category ("Strongly agree") are only 55 per cent or so, with another 20 per cent in the second category ("Tend to agree"), and 10 per cent as "Neither", another 5 per cent "Tending to disagree", and the final 10 per cent being in the "Strongly disagree" camp. Of course, all surveys depend upon how a question is asked, and the conditions under which it is made (for example, face-to-face, on the telephone, or online). In fact, if one hundred dying persons (expected to survive only a week or so) were to be asked, "Would you like a doctor to end your life now?", I would expect at least 95 per cent to be in favour!

Having survived a limited police investigation in 1997, and remained fully active on the VES Board (as well as in the World Federation of Right-to-Die Societies), the next major event - as far as my public involvement in right-to-die issues - began in 2003. Prior to this year, I had developed, since 1998, a personal and working relationship with Patrick Kneen, a retired farmer on the Isle of Man, which resulted in Patrick and his wife, Patricia, starting a campaign for the Isle of Man parliament (an ancient institution, removed from the British mainland) to bring in a law to legalize voluntary euthanasia.

Unfortunately, Patrick Kneen, two years older than myself, developed cancer of the prostate and his condition worsened during the summer of 2003. I was in regular contact with Patrick and Patricia during this time, discussing his various options. And, on October 19th, at Patricia's urgent request, I flew to the Isle of Man again with enough sleeping pills for Patrick to end his life. However, Patricia had waited too long in telephoning me, because, when I saw Patrick that evening, he could only swallow water with great difficulty - he was way past the stage for an assisted suicide. Next day, his GP put Patrick into "terminal sedation" and he died on October 23rd. Patricia wrote to the Isle of Man Examiner, the main island newspaper, detailing the story of her husband's death and how he would have preferred, with my assistance (I was simply called "a friend from the mainland"), to have died earlier. She was arrested "for conspiring to aid her husband's suicide" on November 17th: and, I was arrested in my Surrey home on December 12th, and, with an escort of two policemen, flown to the Isle of Man.

This event made media headlines, ranging from "Retired GP faces jail over plan to aid friend's suicide" (*The Times*) to "Euthanasia campaigner planned to help friend die" (*The Scotsman*). Both Patricia and I were on bail for two months, and then suddenly we were told "there will be no further action" - apparently the Isle of Man authorities "were reluctant to stage a trial in such a controversial area of legislation".

During March 2004, I was politely questioned, on two separate occasions, by the Guildford police (my local police force in Surrey) about my obtaining sleeping pills for Patrick from the local pharmacy near my home - and I openly admitted to the criminal offence of "possession with intent to supply a dangerous drug to Patrick Kneen". Because of this, I was given an official caution - now, I had a "criminal record".

Routinely, when a doctor in the UK undergoes a police investigation and admits to an offence, the General Medical Council is officially informed. This led to me appearing before a GMC panel on September 26 and 27, 2005. I was not particularly concerned about this because, now 74, I had not been in practice for about fourteen years (although I was still able, as a retired doctor in those days, to write prescriptions for myself and, as in 2003, indirectly for Patrick Kneen).

There was extensive media interest in my GMC appearance - even TV news programmes showing me walking into the London headquarters of the GMC. On the second day of my hearing - and I was very open and honest in my testimony - because I "expressed no remorse" for trying to help Patrick two years previously, and because I admitted that "I would be willing to assist another terminally-ill friend in the future", my name was removed from the medical register - I was "struck off". I believe I am perhaps the oldest British doctor to have been so treated - a somewhat dubious honour!

Further media attention followed - such as "Doctor is struck off for trying to help a friend die" (*The Times*); "This courageous medic deserves better - he should not have been 'struck off'" (an editorial in *The Guardian* entitled "In praise of Dr. Michael Irwin"); and "I hope that when my time comes I will have a doctor as brave and compassionate as Irwin was" (Minette Marrin, a *Sunday Times* columnist).

Is it only humans who think of rational suicide? I can vividly remember a beautiful seventeen-year old cat, the very close companion of my second wife, who, after two months of radiation treatment for a cancerous growth in a nasal sinus, went missing for a whole day in our New York apartment, only to be found by me wedged behind the refrigerator, completely silent. He had had enough of his treatment and wanted to die - which he did the next day, with the help of an understanding vet.

Of course, suicide has had a chequered history. In ancient Greece, suicide was generally regarded as not wrong in itself, but there had to be a justification for it. Although Plato was considered to be often opposed to suicide, he made three important exceptions: when "legally ordered by the State" (as in the case of Socrates); for painful and incurable illness; and when one is "compelled to it by the occurrence of some intolerable misfortune".

Two other Greek philosophers, Democritus and Speusippus, both committed suicide because of health problems when they were very elderly (the former died at the age of 90). Then, the Epicureans generally felt that when life became unbearable, suicide was justified. And, the Stoics also believed that suicide was permissible, especially if one had an incurable illness.

In ancient Rome, there was usually no prohibition of suicide for citizens. However, suicide was forbidden for slaves and soldiers:

the former for economic considerations, and the latter for patriotic reasons. Because life was not considered as a gift of the gods, most leading Romans supported the idea of suicide for specific reasons, such as individuals preferring death to dishonour, or those who wished to avoid the decrepitude of old age. Seneca strongly believed that if being elderly “begins to unseat my reason and pull it piecemeal, if it leaves me not life but mere animation, I shall be out of my crumbling, tumble-down tenement at a bound”.

There are eight suicides mentioned in the Old Testament, two in the Apocrypha, and one in the New Testament. But, none of the passages in the Bible, describing these suicides, makes any adverse comments on the morality of these acts. There are no explicit biblical condemnations against suicide - only prohibitions of killing which really apply to the unlawful slaughter of others. Throughout the New Testament, there are frequent reminders to the faithful that earthly life is of little importance (for example, “I put no value on my life”, Paul tells us in Acts 20.24). Unfortunately, a religion which preaches that life on this planet is a vale of tears, a prelude to a better afterlife, would seem to be inviting its adherents to kill themselves. In fact, suicide among the early Christians became increasingly popular and began to threaten the very existence of the Christian church. Therefore, in the fourth century AD, persuaded by the arguments of Augustine, a strict prohibition of suicide was adopted - and, it became a mortal sin. Incidentally, in the 21st century, why should doctor-assisted suicide be regarded as a sin? For those who meet the necessary criteria, surely it would be an accelerated journey to heaven.

In the Middle Ages, suicide was often regarded as the result of diabolical temptation, induced by despair or madness. Savage penalties were inflicted on the dead body - such as dragging it through the streets where the deceased person had lived,

and hanging it. The estates of these persons were confiscated, and Christian burial was forbidden. Sometimes, the corpse of a suicide was buried at a busy crossroads (in order to confuse the spirit), pinned down by a wooden stake through the chest, thus preventing, it was hoped, the spirit emerging to bother the living.

Attitudes towards suicide began to change during the Renaissance, although for many religious people, the act was still regarded as diabolical. For example, Thomas More, writing in *Utopia* in 1516, notes that someone with a distressing, incurable disease can “free himself from this bitter life...since by death he will put an end not to enjoyment but to torture...it will be a pious and holy action”. Later, Michel de Montaigne, in his *Essays*, observed that “unendurable pain and fear of a worse death seem the most excusable motives for suicide”.

In 1777, David Hume, in his *Essays on Suicide and the Immortality of the Soul,* argued that suicide did not contradict one’s obligation to God, to fellow humans, or to oneself: in particular, he asked, “Why should I prolong a miserable existence, because of some frivolous advantage which the public may perhaps receive from me?” And, *The Times* of February 27, 1786 announced a debate on “Is suicide an act of courage?” - it cost sixpence to attend, a high price in those days.

Nomadic peoples accepted suicide among the elderly as being necessary to maintain the mobility needed for the survival of the group. In fact, honour was given to the elderly person, realizing that life was near an end, who willingly left the community to die.

In the 19th century, in England, coroners’ juries began bringing in verdicts of “non compos mentis”, indicating that an individual was only insane at the actual moment of suicide, And, among the aristocracy, some suicides were attributed more to accidents

than to madness - thus, the suicide of an Earl of Bath, Charles Grenville, was reported as being due to “the casual going off of a pistol”. Gilbert and Sullivan’s *Mikado*, in 1885, satirized the idea that a death sentence should be given for an attempted suicide by hanging Nanki-Poo for trying to take his own life - such satires indicated a growing ambivalence towards suicide. In this century, the religious penalties for suicide were finally abandoned.

Across Europe, suicide was slowly decriminalized, although it was not until 1961 that the Suicide Act was finally adopted in England and Wales which removed the penalties which had been in place for this deed. However, assisting someone to commit suicide, in the UK, remains a crime to this day - it is strange to think that helping someone now in a “non-crime” is still a crime!

I think that British doctors nowadays definitely prefer a law allowing doctor-assisted suicide to one permitting voluntary euthanasia. There are two main reasons for this: firstly, as the patient is actively involved, in having to actually swallow the lethal substance, this reduces any concerns that it is not what the individual wants; and secondly, doctors are not directly ending a life, but merely providing someone with the opportunity to do so.

After I had to leave the VES Board at the end of 2003, I joined the Council of Friends At The End, the Scottish right-to-die society, based in Glasgow (although it has members throughout the UK). Interestingly, suicide has never been a crime, as such, in Scotland - the 1961 Suicide Act, which decriminalized suicide, only applied to England and Wales. Although I left the FATE Council in 2008 , I still act as a “Honorary Medical Adviser” to this organization.

Unlike Dignity in Dying, FATE not only campaigns to change the law in Scotland (to legalize doctor-assisted suicide for the terminally ill and also for those suffering from deteriorating

progressive conditions which make life intolerable), it also helps individuals, who qualify, to travel to Switzerland for a doctor-assisted suicide - to Dignitas (in Zurich), EX International (in Bern), or Lifecircle (near Basle).

Since getting involved with FATE, I have given advice (usually on the telephone) to many individuals who are interested in the possibility of a doctor-assisted suicide in Switzerland, either for themselves or for relatives or friends - I do not keep any records of these conversations because, when I was arrested in 2003, the police searched through the files in my home (and took away many of my notes as well as my computer).

Twice, in 2004, in a letter to the *British Medical Journal*, and in an interview with *The Independent*, I challenged the Crown Prosecution Service to prosecute me for “aiding and abetting a suicide”. In fact, I was questioned about how I was helping determined individuals to get to Switzerland by the police in Guildford again, that year, but nothing further happened.

I have been a secular humanist for many years. This makes it relatively easy for me to support “right-to-die” legislation. In a very practical sense, I suggested to the National Secular Society, early in 2005, that there should be a “Secularist of the Year” award, and I agreed to finance this annual prize (£5,000 and a trophy) for ten years, with the winner being selected by the NSS Council and myself. The first winner, chosen that year, was Maryam Namazie, an international campaigner for secularism, especially in Iran and Canada, and now in the UK. Further winners were Steve Jones, who has persistently opposed creationism (in 2006); Mina Ahadi, in 2007, the founder of the Council of Ex-Muslims; Evan Harris and Eric Avebury, in 2009, who successfully campaigned against the existing blasphemy laws in Parliament; the Southall Sisters, in 2010, for their compassionate work for minority ethnic women in London; Sophie n ‘t Veld, a leading

Dutch MEP, who is the chair of the European Parliament Platform for Secularism in Politics (in 2011); Peter Tatchell, in 2012, the long-term gay rights campaigner; Plan UK, in 2013, a global charity, campaigning to ensure equal access to education for girls everywhere; and Safak Pavey, in 2014, a Turkish politician who defends secularism in her country.

In August 2005, I travelled with May Murphy, a 75-year old widow, who was suffering severely from multiple systems atrophy and confined to a wheelchair, on a KLM flight from Glasgow to Zurich (not, on purpose, on a BA flight as we were stressing that assisting a suicide was essentially not a crime in Scotland). One of her sons saw us off in Glasgow: and her other son met us in Zurich and was present when she died with the assistance of Dignitas. Others in FATE had helped her in preparing for this journey, such as getting her ticket and arranging for the necessary payment to Dignitas.

May Murphy was completely relaxed and determined to end her life in this way. For example, she joked on the flight, as she had a sandwich, that “Perhaps this is my last meal, and I have only one disciple with me”: and, as we landed in Zurich when the cabin crew wished everyone a “safe, onward journey”, she loudly said, “If only you knew where I am going”. Later, in the Dignitas apartment, in Zurich, when she raised the small glass to swallow the lethal nembutal (which would quickly end her life), she toasted her son and myself, thanking us for being present. As a doctor, I have naturally seen people die - because of their diseases - but, this was the first time that I had witnessed a mentally competent, seriously-ill individual choosing to die at a moment of her choice. It was a beautiful and dignified death - just what she wanted.

The UK media did not know about my involvement in May’s doctor-assisted suicide until January 2006, when there were headlines like “Doctor fixes suicide trips” (*The Daily Mail*), and “Suicide doctor would go to jail for beliefs” (*The Times*). On January 30th, I was again questioned (in the usual friendly manner, with hot chocolate being provided, at my request) by Guildford detectives - a report was routinely sent to the CPS, but I never received any reaction (perhaps because nothing “criminal” had actually happened in England?).

In February 2006, Friends At The End published its *UK Guide to Dignitas*. I was much involved in the distribution of this booklet. In June that year, I funded quarter-page advertisements in *The Times* and in *The Guardian* to promote the sale of this publication. In the recent past, such public action would have led to official repercussions in England: but, this time, there was no legal reaction.

At the World Federation of Right-to-Die Societies conference in Toronto, in September 2006, the first Health Professional Award was given to Dr. Pieter Admiraal, the “father” of legalized voluntary euthanasia in The Netherlands. I am the sponsor of this biennial award (initially, US$3,000 and a pewter tankard) which goes to the doctor, nurse, or other healthcare professional who nationally or internationally sets an example for the global right-to-die movement. In 2008, this award went to Dr. Jerome Sobel (from Switzerland); in 2010, the winner was Dr. Libby Wilson (from Scotland, she is the founder of FATE); and, in 2012, another Swiss doctor, Dr. Franco Cavalli, was the winner.

In November 2006, I was again to witness a Dignitas doctor-assisted suicide. Dave Richards, aged 61, was suffering from advanced Huntington’s disease. In making his trip to Zurich, he was fully supported by his family, his GP and his neurologist as well as by his carers. However, he did not wish his family to see him die. Before leaving the UK, we stayed at the Hilton Hotel at Gatwick, where we were joined, for dinner, by *The Sunday*

Times Health Editor, who later reported Dave's death, in her newspaper, as "Last meal with the man who chose death". Accompanying this report was an unforgettable photograph of me pushing Dave, in his wheelchair, on to the plane, with his left hand slightly raised in a final farewell.

I spent the last forty-eight hours of his life alone with Dave in a Zurich hotel room (apart from the required final visit to see the Dignitas-appointed doctor). What do you talk about with someone, a relative stranger, who is soon going to die? In fact, we talked continuously, except for sleeping and eating - our subjects ranged from Formula One motor-racing to the nature of the universe. Dave was an amateur geologist - and even as we waited for a taxi in the hotel lobby, before travelling to the Dignitas apartment, he explained that, what I thought was a marble floor was actually made of granite. He was so relaxed during the final days of his life. Just before he swallowed his final (nembutal) drink, he took off his wrist-watch and told me to give this to his wife upon my return home.

During December 2006, I founded the Secular Medical Forum - still, I believe, the only organization of its kind in the world. The main aim of the Forum is to work with healthcare professionals to ensure that there is a secular approach to all health issues - thus, opposing religious influences where these affect the manner in which medical practice is performed, whether this be, for example, in performing abortions or in preventing circumcision and female genital mutilation. Obviously, the Forum supports a change in UK law to permit doctor-assisted suicide in specific situations. I remained as the Co-ordinator of the SMF until 2009.

My third visit to Zurich, to witness another Dignitas doctor-assisted suicide, was in February 2007. Raymond Cutkelvin was dying slowly from pancreatic cancer. He lived in a council flat in Hackney, in North London, with Alan Rees, his partner of twenty-eight years (they had entered into a civil partnership two years earlier). Because Raymond and Alan were not well off financially, I agreed to contribute £1,500 towards all the expenses involved, as I wanted to highlight the fact that, with legalized doctor-assisted suicide possible for Britons in Switzerland, we now have a two-tier situation in the UK (if you can afford it, you can go to Switzerland to die: if you do not have the necessary funds, you have to stay in this country).

On the trip to Zurich, Raymond's niece, Simone, joined Alan and myself. Three particular memories remain with me. The first occurred as all of us were in the taxi going to the Dignitas apartment - Raymond had become a Buddhist, and, on the dashboard, I noticed that there was a small Buddha statue as our Swiss driver had a Thai wife (this was a good omen for Raymond, about to die). Then, just before he swallowed the nembutal solution, Raymond asked Simone to dance a few steps with him (he could hardly stand) to the sound of Diana Ross, his favourite singer. Finally, the intensity of Raymond and Alan's relationship was so great as the latter held Raymond as he died - I had never seen such closeness before when witnessing someone dying with their family around them.

After Raymond's death, Alan became an active right-to-die campaigner. So great, in fact, that he repeatedly challenged the Hackney police to arrest him as he had assisted in his partner's suicide. Eventually, the police responded, and Alan was arrested in July 2009 (over two years after Raymond had died!). Because I was also so involved (essentially making the trip to Zurich possible), I requested the same response, and I was arrested two weeks later. Both Alan and I remained on bail for eleven months. Then, the Director of Public Prosecutions decided to take no further action. The end of my bail was announced in a large *Daily Telegraph* headline as "Dr. Death ruled too old to stand trial"

as, in his long statement, the DPP noted that I was "aged 79 and that is highly likely to influence any sentence that might be imposed on him", adding that "prosecution was not in the public interest". Afterwards, many friends and colleagues wondered what other crimes I could possibly commit without the fear of imprisonment because of my age!

At least 250 Britons have now travelled to Switzerland for a doctor-assisted suicide. Of all those who have accompanied these determined individuals, on their final journeys, while several have been questioned by the police, upon their return to the UK, only six, to my knowledge, have actually been arrested, and, most importantly, no one has ever been charged (although, in a February 20, 2007 statement, the Home Office noted that, "In our view, though the point is untested in the courts, an offence... is committed even when the suicide occurs abroad...if the aiding, abetting etc takes place in this country"). But, I believe that it is now ninety-nine per cent certain that no legal authority, in the UK, is any longer greatly concerned about someone, acting compassionately, accompanying a relative or friend to Switzerland for a doctor-assisted suicide. And, I am proud to have played some part in this developing situation.

Ever since I returned to England, in 1993, I have always promoted the importance of living wills - which, for a time, were called advanced directives and, now, are officially known as advance decisions. If an adult is conscious, and is mentally competent, refusing treatment is straightforward (if this treatment would have kept someone alive, then this refusal amounts to suicide). These documents allow adults to state the type of medical care that they wish to receive if they should lose the mental capacity to be fully involved, with their doctors, in making such decisions about themselves. Today, advance decisions can be called "pro-choice" because they allow individuals either to refuse further treatment, which would prolong their lives, or to request being

kept alive for as long as possible, subject to medical agreement - this was a concept which I initially proposed, in the UK, in an interview I gave to the *British Medical Journal* (the main British Medical Association publication) on October 30, 1999.

Incidentally, it is perhaps useful to consider the potential economic benefits of advance decisions (especially, in the UK, for the National Health Service). Twice, in 2000 (in letters published in the *British Medical Journal* and in the *Journal of the Royal Society of Medicine*, I wrote, "When the Jefferson Medical College in Philadelphia reviewed the records of 474 patients who had died in hospital (1990-92), it was discovered that the mean inpatient charge for the 342 patients without advance directives was more than three times that of the 132 patients with such documentation ($95,305 versus $30,478)... The individual gets what he or she wants, and the NHS could save money that would otherwise be spent on expensive and, more important, unwanted end-of-life care". And, much later, in *The Sunday Times* of June 5, 2011, I gave the same information. Greater and greater medical and palliative care costs - for our ageing population - will, in time, surely become an economically unsustainable burden. Will our politicians then actively promote the wider use of advance decisions!

Then, I must note the great pleasure I had in 2004 when, in my final days as the President of the World Federation of Right-to-Die Societies, I gave the "keynote speech" at the global conference in Tokyo, on October 2nd that year, before an audience of about 600, on "Pro-choice Living Wills" - a four-page summary of this speech appeared in the October 2004 issue of the *Bulletin of Medical Ethics*.

Advance decisions offer an important layer of protection, legally documenting an individual's "instructions", and sometimes tipping the scales when there is debate or confusion about what

to do. Thus, they can be of considerable benefit to one's family - relieving them of the burden of responsibility about what a relative wants (possibly avoiding potential family disagreements) - as well as to the doctors involved at the end of a person's life. In addition, in an advance decision, an adult can name a health care proxy (a relative or very close friend) who can explain someone's "instructions" and expectations if these are unclear in the document.

Advance decisions allow us to take responsibility for our medical care right up to the end. Furthermore, it is important to stress that these documents are fully supported by the BMA, the General Medical Council (which issued further guidelines in 2009 stressing again that doctors must respect their patients' statements regarding final medical treatment), the Royal College of Nursing, and the Law Society.

In 2007 and 2008, I was particularly proud of working with the two Humanist Associations in Ireland in producing the first Irish "advance healthcare directive". Taking the best from many existing forms in use in twenty other countries, I believe that this Irish living will is an excellent document. With several other humanists, in Dublin, I established the Living Wills Trust on December 10, 2007 (international Human Rights Day), and supervised its activities, helping to distribute the documents throughout Ireland, until May 2012, when the responsibility for the Trust was handed over to an Irish colleague. Also, I was pleased that the Living Wills Trust became the first Associate Member of the World Federation of Right-to-Die Societies in 2010.

Now, I come to what I consider as my main and most satisfying contribution to the right-to-die movement, both nationally and internationally - essentially, my final legacy, which, one distant day, I hope will be of such great benefit to many very elderly people.

In 2007 and 2008, I had become a friend of Chris Hayes (we were both members of FATE, and both regularly involved with the London meetings of that organization). He was increasingly determined that he wanted to end his life "before my body fails me". At the age of 90, he was suffering more and more from bouts of dizziness and experiencing "distressing memory loss". Chris was not someone who gave up easily - he had survived surgery for colon cancer when he was 87, and he had become well adjusted to using a colostomy bag. But, in December 2008, because his "faculties were declining", he travelled to Switzerland with his wife for a doctor-assisted suicide. Interestingly, before he was given the necessary approval to make this final journey, he was required to consult a psychiatrist in London - this consultant "found no signs of severe depression", and added that Chris had "the mental capacity to decide to end his life".

Another good example of "old age rational suicide" was Sir Edward Downes, a former conductor of the BBC Philharmonic Orchestra, who, at 85, suffering from blindness and increasing deafness, chose to die with his wife, who had terminal cancer, with the assistance of Dignitas, in Zurich in July 2009. They had been married for fifty-four years. When they died, their two middle-aged children were present to witness this family event.

Both of these deaths became increasingly interesting to me during the second half of 2009, especially as I was thinking more and more about my own life, having become 78 in June 2009. Also, I was aware, at that time, of progressive developments in this area in The Netherlands and Switzerland.

The Netherlands was the first country in the world to adopt adequate safeguards to permit doctor-assisted suicide and voluntary euthanasia. This happened in 1981 - for those who had a terminal illness or suffered severely from an incurable disease. A decade later, a former judge of the Dutch Supreme Court,

Huib Drion, suggested that everyone over 75, not necessarily seriously ill, should have the option of ending their lives in a humane manner. Even for the enlightened Netherlands, this proposal was rather controversial.

The main Dutch right-to-die society, the Right to Die - NL ("NVVE"), in a 2008 report, regarding the irreversible loss of personal dignity among the elderly, noted, "People can consider their life completed and begin to suffer from a life that has, for them, become too long. All that needed to be done has been done. Everything of value lies behind them. The total dependence on others, the loss of control over their personal life or the recurring sense of emptiness...in their existence means that every new day is experienced as an unbearable task. It seems that life has definitely turned against them...they are longing for death. They have become too old in their experience and wish to be released from their lives".

In Switzerland, in January 2008, EXIT Deutsche Schweiz, the right-to-die society in the German-speaking area of that country, held a conference on the subject of old age rational suicide. Its president, Hans Wehrli, noted, "Someone who used to be an international businessman does not want to be bedridden or dependent on other people for their everyday care". Furthermore, now referring to many very elderly individuals, he said, "These people have decided, after having spoken to their families and doctors, that their lives are not worth living anymore...it is about their own subjective and individual perception of their own dignity...a dignified death can only be assessed by the individual...neither lawyers, nor doctors, nor politicians have the moral right to decide for the individual". And, in 2011, this organization amended its statutes to reduce the "unnecessary hurdles placed in the way of the aged who are of sound mind and wish to die".

During the late Summer of 2009, I wrote a booklet, which published in October, had the title of *Old Age Rational Suicide*, in which I developed my ideas on this subject. "OARS" is a most useful acronym, especially when thinking of "Row, row, row your boat gentle down the stream. Merrily, merrily, merrily, merrily, life is but a dream" because, for many very elderly individuals, "life" can become a nightmare. During this period of writing, with "OARS" very much in my mind, I awoke one morning and had a sudden idea of giving the acronym of "SOARS", with "S" standing for "Society", to the organization which could begin a campaign for OARS. After all, many elderly people unfortunately suffer from "sores", and, when someone dies, perhaps something inside us does "soar off" into the ether?

(Many years ago, in 1983, when walking in Manhattan, I had had a similar brainwave of campaigning for a "SOUND" - or Silence on United Nations Day (October 24th) - as a period of global silence, to honour the work of the UN and its Agencies, could perhaps be much more effective than any noise)

Fortunately, in writing the booklet on OARS, I came across my old notes on Diane Pretty who was the "public face" of the VES campaign in the first two years of this century (when she was suffering progressively from motor neuron disease). From her dramatic appearance before the European Court of Human Rights in March 2002, there came the following wonderful statement (paragraph 65 of the Court's judgement, dated April 29, 2002) - "Without in any way negating the principle of sanctity of life protected under the Convention, the Court considers that it is under Article 8 that notions of the quality of life take on significance. In an era of growing medical sophistication, combined with longer life expectancies, many people are concerned that they should not be forced to linger on in old age or in states of advanced physical or mental decrepitude which conflict with strongly held ideas of self

and personal identity". Such a powerful legal comment, from this European Court, is surely an excellent solid basis for the campaigning activities of SOARS.

In thinking about OARS and SOARS, I am reminded of a saying attributed to Bertrand Russell, the philosopher and political campaigner, which is "Do not fear to be eccentric in opinion, for every opinion now accepted was once eccentric".

Surely the right of a very elderly, mentally competent individual, having reached the stage of a "completed life", and especially when suffering from one or more medical conditions, to rationally control the time and nature of her or his death is part of what it really means to be a free, mature and autonomous human being. Naturally, I realize that this specific right-to-die can ignite strong passions and may even produce extremists on both sides of the debate. I respect the rights of those who would oppose a change in the law to permit OARS. But, if a majority of adults in a democratic country wish for legalized OARS, this should be possible. Living in a democracy means that majority views should decide the nature of the laws which control our lives.

On December 10, 2009, on international Human Rights Day, I established the Society for Old Age Rational Suicide. And, from the early days, I was fortunately well supported by Angela Farmer, Nan Maitland, and Liz Nichols (the first named had then been my partner for ten years; and the other two were close right-to-die friends)

The main long-term objective of SOARS is to campaign (although, initially, I am pleased to consider our activities as essentially being only to start a "serious discussion") to get the law eventually changed in the UK so that very elderly, mentally competent individuals, who are suffering from health problems (although none of them is "terminal"), are allowed to receive

a doctor's assistance to die, if this is their persistent choice. Surely, the decision to decide, at an advanced age, that enough is enough, and, avoiding further suffering, to have a dignified death, is the ultimate human right for a very elderly person.

Doctor-assisted suicide and/or voluntary euthanasia for terminally-ill individuals, with adequate safeguards, is legally possible today in several European countries (Belgium, Luxembourg, The Netherlands and Switzerland) and American States (Oregon, Vermont and Washington State). Although there is much public support for this to become lawful in the UK, it is unlikely that this will happen soon.

However, besides those who are terminally ill (which usually means that someone is expected to die within six months), or are severely disabled, there are many very elderly, competent individuals, who, experiencing increasing physical and psychological suffering, get to the last years of their natural lives and have to seriously consider whether departing this existence will be much more attractive than struggling on. After eight or nine decades, many people rightly decide that their lives have been fully lived, and now they have a life which, for them, has finally become too long. They have now reached the "completed life" stage of their own lives. SOARS strongly believes that there are numerous competent, very elderly individuals who would like the option of a legalized doctor-assisted suicide. Furthermore, in an ageing population, this number will increase.

Of course, the opponents of doctor-assisted suicide, even for those who are terminally ill or severely disabled, will be strongly opposed to the possibility of old age rational suicide - they will say that this is an example of a "slippery slope". Which, technically, would be true. But, SOARS hopes that the subject can be openly discussed now, with many considering what they might possibly want for themselves when they become "very

elderly". And, nothing could become lawful, in the UK, without parliamentary approval - any change in the law must be a truly democratic development. After all, in the past, "slippery slopes" can be very beneficial - an excellent example is to remember how people obtained the vote in national elections. In the UK, years ago, only rich, male landowners could vote. Then, more men became voters. Then, women over the age of thirty. Then, all adults who were over twenty-one. And, finally, in 1969, all those over eighteen could vote in UK elections. The law was gradually changed based on good parliamentary decisions, backed by great support in the general population.

Perhaps something should be written here about the use of "Suicide" in the name of the organization. Traditionally, many shy away from this word. But, in SOARS, it is very important to stress the word "Rational" as well. Antagonism to "suicide" dates back largely to previous centuries when religious forces decided that this act was sinful. SOARS wants to reclaim it now as being a sensible and positive act when a mentally competent, very elderly individual, suffering unbearably, having carefully considered the main pros and cons for wanting to stay alive, decides to have a doctor-assisted suicide. When such people, in their 80s or 90s, choose to die this way, it should make others think not why did this happen, but why did it not.

From December 2009, to now, the main activities of SOARS have been to promote the wider acceptance and use of advance decisions; to determine the degree of public support - in the UK - for old age rational suicide by commissioning four opinion polls; to hold regular public meetings in London (in particular, four Annual SOARS Lectures); and to give advice and assistance to its supporters, who qualify, to travel to Switzerland to end their lives.

Advance decisions are especially important for elderly individuals - when it is essential to update these documents regularly bearing

in mind both health problems which may have existed for some time, as well as considering recently-diagnosed conditions, and thinking about particular complications that might occur. And, during the past four years, SOARS has provided personal advice, in this area, to many of its supporters. In June 2010, SOARS ran a "living will" campaign in Brighton and Hove (following on from the successful February 2010 opinion poll in that city) - distributing leaflets, placing a full-page advertisement in *The Argus*, the daily city newspaper which also regularly repeated statements about advance decisions on its website (receiving about 50,000 "hits" during the month), and maintaining a 24-hour telephone hotline to handle any questions on this subject.

So far, there have been four opinion polls, commissioned by SOARS, which have all shown considerable public support for old age rational suicide. These polls were made by ICM Direct and ICM Omnibus (a national organization which does extensive research for the media, such as *The Guardian* newspaper and Channel Four TV News, and also for many businesses and institutions), with the assistance of Kindle Research (which provided further analysis of the data collected).

The first opinion poll was during the second week of February 2010. This was a telephone survey of 1,000 adult residents in Brighton and Hove - a representative sample of those living in this city. One main question in this poll asked whether a terminally-ill, competent adult should be legally allowed to receive a doctor's assistance to die - 76 per cent were in favour, which is a result that is similar to that seen in many other UK surveys in recent years. But, the other main question in this poll was whether a very elderly, mentally competent individual, who was suffering from health problems (but, not terminally ill) should also be able to have the assistance of a doctor to die - 67 per cent of the Brighton and Hove residents were in agreement, with only 18 per cent disagreeing, and 15 per cent being uncertain.

Then, in the first week of July 2010, similar questions were asked in a national telephone ICM poll - this survey had been requested by the BBC for one of its programmes which was broadcast on September 20th. The survey, of 1,009 adults throughout the UK, showed very similar results. There was a 78 per cent support for a doctor assisting a terminally-ill, competent person to die. And 67 per cent of those polled also agreed with the possibility of old age rational suicide (however, this time, 19 per cent disagreed, and the others were uncertain).

In 2011, during the first week of March, ICM and Kindle Research conducted another national UK poll. This was in two parts. The first, of 1,008 adults interviewed by telephone, showed that 76 per cent were in favour of a terminally-ill, competent person being legally helped to die; and that 66 per cent agreed that very elderly, competent individuals, suffering from health problems, should also be allowed the same possibility (only 18 per cent were opposed). The second, of 2,024 adults, was conducted online. This time, 73 per cent supported helping those who were terminally ill, and 60 per cent were in favour of similar assistance for the very elderly with health problems. Two possible explanations for less support, from the online poll, are that those participating in this survey were considering the legal and moral implications more carefully, and that the lack of an interviewer (as in a telephone poll) removed any pressure to give a socially correct response.

Two years later, in March 2013, ICM and Kindle Research repeated both telephone and online polls nationally. The first, of 1,002 adults interviewed by telephone, showed that now 70 per cent agreed with the possibility of old age rational suicide. And, the second poll, involving 2,000 individuals online, repeated the 60 per cent result of March 2011.

This degree of support for old age rational suicide was much greater than had been expected (these particular questions had never previously been asked in any poll in the UK). These results reinforced SOARS' belief that there must now be a serious discussion, in this country, about old age rational suicide as well as the possibility of doctor-assisted suicide for those who are terminally ill. And, these opinion polls, commissioned by SOARS, will be repeated regularly, especially as the results do generate considerable media attention.

In addition to cooperating, every Spring, with FATE in holding an open public meeting, in London, for the supporters and members from both organizations, and their guests (for example, in March 2012, having a meeting which provided practical information on how someone - terminally ill, severely disabled, or an elderly person suffering because of a medical condition - could travel today from the UK to Switzerland for a doctor-assisted suicide), SOARS sponsors an Annual SOARS Lecture every Autumn.

The first Annual SOARS Lecture was given on September 17, 2010 by Lady Mary Warnock, a well-known philosopher and educator (sometimes described as "Britain's chief moral referee for the past thirty years"). Her talk - on "Easeful Death for the Very Elderly" - was fully supportive of SOARS' main long-term objective.

The second Annual SOARS Lecture was given on October 14, 2011, when the speaker was Virginia Ironside, the author and journalist, who writes regularly for *The Independent* newspaper and *The Oldie* magazine. She spoke on "Personal Views on Life, Old Age, Death and other Mysteries" - this led to many opinions being expressed afterwards by her audience, very much in agreement with the concept of old age rational suicide.

The third Annual SOARS Lecture was on October 26, 2012, when Silvan Luley, from Dignitas, spoke about the activities and

philosophy of this organization, ranging from its work on suicide prevention to the assistance it provides to end the lives, in a dignified manner, of those (from the UK and throughout the world) who are terminally ill, severely disabled, and very elderly with health problems. Regarding the latter group, he noted that Dignitas was willing to help "elderly people whose life had become too arduous as the result of a multitude of ailments related to old age".

And, the fourth Annual SOARS Lecture, given on September 20, 2013 by Rob Jonquiere, a former CEO of the main Dutch right-to-die society (NVVE), dealt with the voluntary euthanasia practices in The Netherlands. In particular, he noted that "the Royal Dutch Medical Association has decided that, as most elderly persons, who say that their lives are now completed, will have many age-related ailments and problems, these may jointly constitute sufficient basis to call this a degree of suffering which can be considered as unbearable and hopeless, and so fulfil one of the most important criteria of the present Dutch law".

SOARS has maintained a website since the very early days (www.soars.org.uk). These web pages cover the full results of the opinion polls; a brief history of suicide; how a doctor can help someone to die; European support for old age rational suicide; summaries of each of the Annual SOARS Lectures; copies of the six-monthly Newsletters (which provide regular information on developments in the UK and abroad); useful links to other relevant websites; and, the form which supporters can download to provide contact details of themselves (for the present, SOARS does not have paying members as the financial resources needed for its activities are provided by myself). Also, there is the ability for anyone seeing the SOARS website to send e-mail messages to me.

An inspiration from our webmaster, Andy Mattock, early in 2010, led to the creation of the SOARS logo - which is the derelict West Pier in Brighton and Hove, once a place of great excitement and pleasure (like so many very elderly people!). This is specially important to me as Brighton and Hove is where my parents, and also my maternal grandparents, died, and I still stay occasionally in my mother's flat in Hove which she left to me when she died in 2005.

It is most fortunate that determined individuals from the UK who are mentally competent and very elderly, suffering because of a severe health condition, can go to Switzerland where, if they can afford it, they can receive a doctor-assisted suicide, with the help of Dignitas (in Zurich), EX International (Bern), or Lifecircle (near Basle). An attempt was made, in May 2011, in the canton of Zurich, to stop foreigners travelling there for this purpose - but, this was overwhelmingly rejected by a vote of 78 per cent to 22 per cent. And, in the following month, the Swiss government decided that the current law was sufficient to regulate the assisted suicide procedures available in that country.

It was a very personal occasion when one of the original members of SOARS, Nan Maitland, accompanied by Liz Nichols and myself, received a doctor-assisted suicide, in Bern, on March 1, 2011, because, in her 85th year, she was suffering increasingly from extensive arthritis. Just before she died, in a widely-distributed letter, Nan wrote, "For some time, my life has consisted of more pain than pleasure, and over the next months and years, the pain will be more and the pleasure less. I have a great feeling of relief that I will have no further need to struggle through another day in dread of what further horrors may lie in wait. For many years, I have feared the long period of decline, sometimes called 'prolonged dwindling', that so many people unfortunately experience before they die. Please be happy for me that I have been able to escape from this, for me, unbearable future. I have had a wonderful life, and the good fortune to die at a time of my own choosing".

Nan Maitland made her final journey in style. We were met at Zurich airport (after the flight from London) by a chauffeur-driven limousine, which took the three of us to the Bellevue Palace, in Bern (a five-star hotel). There, after meeting Peter Widmer, from EX International, we had an elegant dinner. During this, and for a couple of hours afterwards, our conversation ranged from memories of right-to-die conferences, national and global, over many years, to recent news about our three families. The next morning, the same car took us to the Swiss doctor who, after a lengthy talk with Nan, gave his approval for her suicide. From this final interview, we all drove to the apartment which EX International then maintained, about a thirty-minute drive from Bern. There, the two main volunteers in EX International, at that time, Peter Widmer and Margrit Weibel, went through the extensive Swiss bureaucratic procedures with Nan - especially important, on this occasion, because there was a one-month discrepancy between the date given in Nan's passport and on one of the official forms, which had been noticed by the doctor only that morning! After Nan had swallowed the necessary anti-emetic solution and during the required thirty minutes wait before taking her final drink, she asked Liz Nichols for a nail file as the edge of one of her fingernails was "rather sharp" - she was so relaxed about dying! I was required to hold a piece of sweet chocolate for Nan to take, if needed, after she had swallowed the rather bitter nembutal solution - but she did not want this ("It is not too bad", were her final words). Then, Nan lay back on the bed: she was drowsy in a couple of minutes; in a coma five minutes later; and, peacefully died within another twenty minutes. Afterwards, as previously arranged, I telephoned her son and her sister who were waiting in England to tell them of her death. After the various Swiss officials had come to the apartment, to make the required examinations according to Swiss law, Liz, Margrit, Peter and I drove back to Bern for dinner. Liz and I returned to London the next day.

As agreed by Nan, several weeks later, on April 3rd, *The Sunday Times* published an exclusive, extensive report on Nan Maitland's dignified death (this newspaper's Health Editor had been one of Nan's friends), beginning on the front page, with the main story inside entitled "I choose death over dwindling old age". And, in the following week, every major newspaper in the UK (and even publications in Australia and South Africa) reported her suicide. Furthermore, there were several radio interviews with myself and Libby Wilson (the Convenor of FATE - because Nan had been much involved with this organization as well). Nan would have been delighted by this extensive media coverage of her death, which also generated a great deal of interest in SOARS.

Ever since its foundation in December 2009, there has always been considerable media interest in SOARS and its activities. The major national newspapers have reported on our opinion poll results, as have national and local radio and television programmes (in particular, the BBC Radio Four programme, "Choosing a Time to Die" on September 20, 2010, which included interviews with Nan Maitland and myself, and my sole participation in the Channel Four series "4thought.tv" on January 20, 2011). Among the national newspapers, *The Daily Mail* and *The Daily Telegraph* persist in referring to me as "Dr. Death" - this does bother some of my close friends, but it does not really concern me as I feel that most people, in the UK, wish to avoid the word "death", while I want to highlight that this is the final destination for all of us. It is always very pleasing when the British newspapers refer to SOARS (as *The Financial Times* did extensively in its magazine on March 15, 2014). And, SOARS is increasingly mentioned in foreign newspapers such as in *The New York Times* on July 21, 2013; and on international television (for example, I participated in a long debate which the Voice of America broadcast globally for several days in November 2013).

While SOARS naturally cooperates closely with FATE, it is also involved with other organizations in the UK, such as the National Council for Palliative Care and the Alzheimer's Society. In particular, SOARS was accepted as a member of Dying Matters in December 2010 - this is a national coalition of organizations and individuals around the UK which are mainly concerned with end-of-life issues. And, representatives of SOARS have attended the annual conferences of both the Green Party and the Liberal Democrats - fortunately, both political parties generally support a "right-to-die".

Internationally, SOARS keeps in close touch with what is happening in Belgium, The Netherlands and in Switzerland. During 2011 and 2012, I was in Amsterdam to meet with members of the campaign group Uit Vrije Wil ("One's Own Free Will"), which has similar objectives to SOARS. And, in Switzerland, I keep in regular contact with the five right-to-die societies in that country (three of which are willing to assist foreigners). What is happening in these countries today is really an inspiration to other nations, especially in Europe.

Continuing my close involvement with the World Federation of Right-to-Die Societies, I presented a paper on "Old Age Rational Suicide: Developments in The Netherlands, Switzerland and England" at the biennial conference of this organization in Melbourne in October 2010. Also, in 2010, SOARS became an interim member of the World Federation (thus, linking us with 52 other right-to-die societies around the world), and, in June 2012, at the World Federation global conference in Zurich, SOARS was given full membership. At the same time, SOARS is also a member of Right-to-Die Europe.

For a new law, in the UK, that would allow mentally competent, very elderly individuals who sincerely believe that they have lived a completed life, whose bodies are now severely failing them, to

have a rational suicide with the assistance of an understanding, compassionate doctor, it would be essential to have very strict procedures in place - such as:

Two doctors - one being a consultant geriatrician - certifying that the individual is mentally competent, and had extensively considered all the possible options.

All very elderly persons requesting a doctor-assisted suicide being interviewed privately by an official, independent legal witness, experienced in family matters, to ensure that they are acting on their own free will, and are not being pressured by relatives or friends to seek this medical solution.

There would have to be a waiting period, of at least two months, between a request for suicide being made and the necessary medication being provided (this would only be made available on the actual day of the suicide, not before that occasion). Then, this substance must be taken in the presence of a doctor or a qualified assistant - it is very important to stress that this happens because if an inexperienced relative or friend assists in such a suicide, there is a very great danger that mistakes will occur.

Finally, detailed reporting to a central government office, by all those involved, would be essential.

Living to a ripe old age should be a cause for celebration. Unfortunately, many very elderly individuals live in fear of how they will endure it. Today, for so many of them, death is more often a gradual process rather than a sudden event, with the danger being that the extra years will become more of a curse than a blessing.

The longest journey begins with the first step. In December 2009, when SOARS was founded, it was realized that in starting

a discussion on the possibility of changing British law - to permit very elderly, competent individuals, suffering severely from one or more health problems, to receive a doctor-assisted suicide, if this was their persistent request - it would be many decades before Parliament was likely to agree. But, we strongly believed that, as elsewhere in Europe, the debate should begin, in the hope that more and more people would think of what they might personally want for themselves when they become "very elderly". After all, serious efforts to change the law in the UK - to allow terminally-ill individuals to have a quicker death, with the assistance of a compassionate doctor - began back in 1935, when the Voluntary Euthanasia Society was created, and this objective has not yet been achieved. Since the establishment of SOARS, it is very gratifying to see how it has become part of the right-to-die debate in the UK. Hopefully, SOARS will see its main, long-term goal realized before the end of this century.

In the past four years, several SOARS supporters have travelled to Switzerland for a doctor-assisted suicide, ranging from John (aged 85, suffering from Parkinson's disease) to Rita (88, going blind and deaf); from Neil (85, with multiple sclerosis) to Monty (90, suffering increasingly from macular degeneration); and from Anne (89, with severe angina) to John (83, with early dementia).

Since the mid-1990s, on right-to-die issues, I have done a total of 253 radio interviews and 114 TV interviews, taken part in 51 debates, had various articles and letters published, given 130 talks, and written two booklets (after being a UN bureaucrat for thirty-three years, I still keep good records! - in fact, I have kept a daily diary since I was eighteen).

Some of these activities are still fresh in my mind. Radio interviews are usually over in a few minutes (some require one to be in a studio, but, fortunately today, many of them can be on the telephone from my home). Perhaps one of the best to

be remembered was a lengthy BBC Radio Four interview (in its "One to One" series) in May 2013, when I discussed with Ritula Shah how someone can "renounce life in old age or when faced with a terminal illness": this programme was repeated in December 2013. Like radio, TV interviews are also fairly short. But, memorable interviews have ranged from Sky News (while standing on the balcony of my Hove flat in 2006) to ITV News (sitting in the garden of my Cranleigh home in 2010, just after hearing that I would not be charged), and from the Channel Four TV News (being interviewed by Jon Snow, my favourite news commentator, in 1999, when he gave me the advantage, in a debate, of replying to his last question) to my very first TV interview with Esther Rantzen, on the BBC, on December 7, 1994.

I always enjoy talking about right-to-die issues (and, nowadays, especially about SOARS) to both large and small groups around the UK - from Brighton and Hove to Glasgow, and from Canterbury to Bristol. I have spoken in a variety of venues, from large conference halls to back rooms in pubs - in particular, I remember speaking in a magician's club, in a pub called Smoke and Mirrors (an appropriate title when one remembers how assisted dying is clandestinely practised in the UK today!). Another unusual location was a former Regency church in Brighton, where the theme was "Nothing Lasts Forever (nor should it)". Face-to-face discussions, with good questions, are always an interesting challenge, whether these come from high-school students or humanists (or even from members and staff of the European Parliament, in Brussels, where I spoke in September 2012).

Thinking of memorable debates, perhaps the best were at the Cambridge Union Society, in 1995 and earlier this year, and then twice at the Oxford Union in 2009 and again in 2012 - in magnificent arenas of historical importance. Fortunately, on all four occasions, the student votes were in my favour (the last, at Cambridge, on January 16, 2014, was a 207 to 67 victory).

Personally, however, I have always preferred writing about right-to-die issues to talking about them (on radio, TV, or in debate) because what results is usually more carefully formulated, and then, the printed word is a much more permanent record of my views on the subject.

The first booklet was produced in 2007 when I was bedridden for twelve weeks after a severe car accident in March that year. Entitled *Tilting at Windmills*, this was a selection of published letters, and excerpts from articles and booklets I had written, on a variety of subjects over many years, as well as a record of what others, mainly in the Press, had written about me. Over half of this booklet covered my right-to-die activities between 1994 and 2007.

My second "right-to-die" booklet, of course, was *Old Age Rational Suicide* in 2009, which was a major factor in the establishment of SOARS in December that year.

The important issue of "right-to-die" would not exist so much today if it were not for the medical advances and the use of various technologies which are extending our lives beyond the usual life spans of the fairly recent past. And, of course, in general, we should be very pleased with these developments. Everybody naturally has a right-to-life, and to live as one wishes as long as one does not endanger others. Likewise, this should apply to the right-to-die in specific situations and with precise safeguards, as is seen today in four European and three US jurisdictions (where, in reality, the number of individuals who finally opt for voluntary euthanasia or doctor-assisted suicide is relatively low). The fears of the "disabled" and other possible vulnerable groups (for example, "the elderly") are misplaced as has been shown by various extensive surveys in places like Oregon and The Netherlands.

One area of increasing concern, especially in the Western world, is the fear of dementia. SOARS strongly believes that a doctor-assisted suicide should be a serious option for all elderly individuals who unfortunately develop dementia as long as they have the mental capacity to make this choice - thus, it is reassuring that more and more attention is being given today to early diagnosis. In March 2013, I had assisted John, aged 83, suffering from early dementia, to get to Zurich, with his wife, for him to die there. When his death became public, two months later, there was extensive media interest, with headlines in the newspapers such as "Aided suicide will increasingly be choice of dementia patients" in *The Times* on May 31st. Also, in a week-long coverage of this subject, on Channel Five TV News, in February 2014, I was shown being interviewed in my home - then, I stressed the importance of advance decisions as "dementia is no different to any other serious illness in the sense of having a choice of how you want to handle it"; and a Channel Five/YouGov poll showed that 61 per cent of their viewers agreed with me.

Doctor-assisted dying is in the news today as never before. It is vital to stress the very important involvement of doctors in this process, both to evaluate someone's medical situation and mental competence as well as giving the final approval for someone to die in this manner. From surveys, made in 2004 and in 2007, by Professor Clive Seale of London University, it was discovered that about one thousand deaths, due to voluntary euthanasia, and another two thousand deaths, due to non-voluntary euthanasia, occur annually in the UK. The results of these two surveys (of totally illegal medical procedures) were considered so reliable that they were reported in issues of *Palliative Medicine* in January 2006 and in April 2009. Such acts occur because there are some very compassionate doctors willing to help their seriously-ill patients to die with dignity. But, of course, it is like "Russian roulette" in that only a few doctors will assist someone this way whereas most will not.

What once was unthinkable has become not just thinkable but doable. Human rights have never emerged without evolving through phases of protest, overreactions, abuses and misunderstandings. Real changes usually happen slowly - occurring in fits and starts, sudden advances and frequent setbacks - but, hopefully, everything to bring about practical, legalized right-to-die procedures in the UK is moving in the right direction. The social, medical and political acceptance of old age rational suicide will eventually become, I am certain, a natural extension of doctor-assisted suicide for the terminally ill (when the UK Parliaments finally agree on this) and then for the severely disabled - all such steps will be giving determined individuals the option of reducing needless suffering and degradation. Thus, in this final step, the UK will be fulfilling the original objective of the Voluntary Euthanasia Society, adopted many years ago, which was "to make it legal for a competent adult, who is suffering unbearably from an incurable illness, to receive medical help to die at their own considered and persistent request".

From my many years (with a few more to come, I hope) in the right-to-die movement, both in the UK and abroad, surely nobody can question how much I want to be involved in my own death. How much I want to be in control right up to the very end of my present earthly existence. Having been a Chairman of VES, a President of the World Federation of Right-to-Die Societies, and the founder of SOARS, my personal views on a right-to-die, at the right time (as I note at the end of my present advance decision) should be obvious. I so want my death to be an excellent example of a doctor-assisted old age rational suicide.

MY AGEING BODY

Generally, we have delayed death, but essentially we cannot really delay getting old. Nowadays, we usually die slowly, with different parts of our bodies dying at varying rates. And, for very many elderly individuals, our final death is often preceded by years of chronic ill health. Because our death is now usually a rather gradual process rather than a sudden event, the extra years that many of us now experience, in our 80s and 90s, may prove to be a period of great hardship. According to the Office for National Statistics, for the vast majority of very elderly people in the UK, death is currently preceded by an average of ten years of chronic ill health.

An "85 plus" study, from Newcastle University in December 2009 (fortuitously, when SOARS began), noted that nine in ten of these very elderly individuals had at least three health problems, especially relating to heart disease, osteoarthritis, and impaired vision. In fact, now in my 84th year, I have hypertension (although this is presently fairly well controlled), very occasional gouty attacks, a cataract in my left eye (which, fortunately, is not yet bothersome), increasing difficulty in walking (since my car accident in 2007), and a hiatus hernia.

Of course, it is only sensible to regularly remind myself that my visit to this tiny planet, in this vast universe, is relatively brief and that, health-wise, I do not really know what might happen to me tomorrow. From 80 or so onwards, and especially when "old-old", it is important to live each day "to the full" because that day might be the last one. And, if one thinks that life at 80 is becoming rather difficult, just wait until one is 90 or older!

More so when one is in the 80s, than in previous decades, the unexpected, medically-speaking, can easily happen. I had this

experience in April 2014, when I suddenly vomited a large amount of blood, and fainted. I was quickly taken by ambulance to the Royal Surrey Hospital in Guildford. Detailed investigations revealed a benign gastrointestinal stromal tumour in the upper stomach and this was successfully removed (wonderful keyhole surgery) on April 25th. Five days later, I left hospital, but, being very anaemic from the loss of blood, it took me a further six weeks to fully recover. Two impressions of this recent hospitalization were seeing the relatively large number of elderly patients in the hospital (several, unfortunately, with various stages of dementia), and secondly, realizing how much our National Health Service depends on staff from outside the UK (thankfully, all those I met were excellent professionals).

And, really going back in time, I have to remember that I could have died in London in 1941, during the Second World War, when only ten years old, an unexploded landmine landed in Marylebone Road just yards from my family flat in Chiltern Court; or, again, in 1943, when a German fighter plane machine-gunned my mother's car as she was driving, with me sitting next to her, along a country road near Midhurst, in Sussex. But, I survived this conflict to go on to have a wonderful, happy and, at least in my eyes, productive life.

Earlier in this booklet, I have noted my parents' longevity. I am a great believer in the importance of one's family genetic history. Which is fortunate because I do little, in the generally accepted way of living today, to "stay healthy". For example, I eat too much cheese and chocolate, and drink a great deal of "real" milk (fatty Guernsey milk, when occasionally available where I now live, is most pleasant), and, mainly because of my car accident in 2007, I now take little physical exercise - although I do weigh myself once a month and keep within the normal range for my height. Apart from this weight-watching, I do little to avoid the appearances of old age - not for me, any plastic surgery, dyeing

one's hair or exercise machines (there is a multi-billion pound cosmetic and surgical industry devoted to limiting the physical ravages of getting old). Nowadays, we live in a culture refusing to face mortality - or even minor bruising (such as children learning to ride bicycles in suits of armour!).

Personally, as I age, I see myself looking more and more like my elderly father, especially, for example, in how I sit at a table in a crowded restaurant where it is becoming increasingly hard to hear someone speak, or in the way that he used to laugh, or in my degree of baldness. Gradually, I am becoming his genetic replica. Just as his friends and colleagues died off before him, I am beginning to experience the same loss, and, when I hear of someone I once knew well, who has died or has developed some very serious health problem, I do wonder, "Why her/him, and not me?"

Although being financially secure, and having had a good education, seem to be generally important factors in how well one ages (with the wealthier usually being healthier), old age is essentially democratic as everybody - princes and paupers alike - can experience it. Old age can offer the modest pleasure of having "lived through it all". While I may occasionally forget names and confuse certain details, or be reluctant to get involved in some newer technologies, I feel, however, that, in my mid-80s, I have some vague ability to understand what is really going on, what perhaps is "life".

While I may get that infrequent "senior moment" - what many call the "CRAFT disease" ("Cannot remember a flipping thing") - I am so fortunate not to have, so far, any obvious indication of an approaching dementia. Today, in the UK, it is estimated that about 800,000 already have some form of dementia (Alzheimer's, vascular, etc), and, in the next fifteen years, this figure will rise to a million. Thinking of the financial costs

involved, how will a decreasing number of working taxpayers fund the necessary services that will be required to properly look after all these elderly people? Also, it is important to remember the burdens that will fall upon individual families, whether these be financial (such as placing an elderly relative into residential care) or personal (looking after someone staying at home, perhaps disrupting family life).

For so many individuals, as they age into their 80s and 90s, there is a gradual decline, physical and psychological, resulting in a loss of usefulness, a loss of looks, and a loss of control. This irreversible loss of personal dignity will naturally vary from person to person. While old age is not for wimps, the changes that occur may sometimes be more apparent to others than to oneself. However, I am fully aware, for example, that I now walk much more slowly than in the past (with my post-car accident walking stick, I am now the international sign for being “old” - a somewhat bent figure using a stick). I go up and down stairs carefully. I do not like standing still for more than fifteen minutes or so (thus, I avoid going nowadays to drinks parties). I grow my hair longer, at least at the back, to compensate for increasing baldness. And, because of a history of a “slipped disc” (when in New Zealand in 1980), I am cautious about putting too much strain on my lower back which does occasionally, for no apparent reason, cause some discomfort.

Unlike many elderly men, I am somewhat proud of the fact that I can easily sleep a full eight hours at night without having to get up to go to the bathroom. This is perhaps mainly due to my custom of not drinking any liquids during the two hours before going to bed. My father, a urological surgeon, would be pleased that, so far, my enlarging prostate is not too symptomatic.

However, now approaching “old-old”, I can see the gradual physical decline of my body. But, because I can keep my brain fully active - especially by writing and campaigning on right-to-die issues - I do not really see much disappearance yet of “Michael” as a person. The “me” behind my eyes reassures me that perhaps I do not look like the average man who is in his 84th year. But, others, looking at me, may think otherwise. I have only been to one medical school reunion: then, in 1998, nearly everybody from “my year” (1955) seemed so old: in fact, I only recognized a couple of former friends when I actually heard them speak.

Us “oldies” can make light of our failing faculties when it is safe to do so. We can make remarks like “When one is elderly and suffering, perhaps it would have been better never to have been born - but, then, I was never really a lucky person”; or, “I cannot remember why I have gone upstairs”. But, negative stereotypes - such as “old fogey”, “silly old geezer”, or a “cantankerous old codger” - may often be true. Fortunately, there exists the wonderful *Oldie* monthly magazine which is a real haven for “grumpy old men and women”, lampooning the obvious absurdities of modern life.

There are so many features of my body over which I have no direct control. Just as I cannot effectively stop, at present, the ageing process (newspaper reports, in September 2012, however, were predicting that “people will be able to grow old gracefully within a generation by taking a pill that fights the ageing process...drugs could dramatically shorten the period of illness and frailty that we typically experience now before we die”), so I cannot really stop the tumour that may be developing deep inside me right now, or some degenerative brain disease, especially if that is what my genes should dictate. There are so many - perhaps, hundreds - physiological processes going on inside me about which I have no control. Interestingly, in a somewhat positive way, many cells in our bodies are regularly, and gradually, being replaced all the time - leading to jokes like “She/he is no longer the person with whom I fell in love”.

It is very difficult for those who are not yet old to really appreciate what it means to be old-old. I remember, in August 2011, reading a report in the *Nursing Times* that staff at Guy's and St. Thomas's Hospitals, in London, were wearing, on a "training day", "innovative ageing simulation suits to enable them to experience life as an older person" in order to "gain a better understanding of the challenges facing older patients". I suppose that this is better than doing nothing.

In June 2012, a book called *Zoobiquity*, by a Californian cardiologist, described what should have been obvious - that non-human animals will age like humans, getting similar problems such as monkeys developing heart diseases, and cats and dogs getting cancers. So all creatures, on this planet, are in this together - a rather reassuring thought. But, veterinary surgeons know when to compassionately end the life of very elderly animals when they are suffering severely.

Years ago, Robert Morley, the actor, mentioned that one of his pleasures in life was to calculate how many times his heart had been beating during his lifetime. Thinking of the popular expression, "Your number is up", referring to someone's death, I wonder if perhaps many countable bodily functions - such as heart beats - can be determined, perhaps even from birth, based upon one's genetic history (and, all other things being equal)?

Among my present declining features, I now have about half the teeth a young adult can possess - fortunately, not really much of a handicap except that I have had to adjust to eating fewer steaks, as it takes too long to eat one now. And, the developing cataract in my left eye does not cause much of a problem yet, except that, at times, it is difficult to see how well I have shaved the left side of my face.

My long-term hypertension, first detected about thirty years ago, is apparently fairly well controlled, and, although I have some degree of an associated impaired renal function, I suppose it is less of a problem than usual as my cholesterol levels are essentially normal, I am not overweight, I have never smoked and my parents had no long-term cardiac problems (although my mother died of "heart failure", for want of another fatal diagnosis, when she was almost ninety-six). However, I have to assume that I am more likely to get a heart attack or have a stroke than someone who does not have a hypertensive history - thus, my advance decision is so written with this in mind.

It was a great surprise to get my first attack of gout in the autumn of 2011, affecting my left little finger - this is still somewhat restricted in movement, and painful when forcibly touched. My left big toe was next to become symptomatic - but, just for a fortnight in early 2012. One daily pill generally prevents further attacks, although I do carry suitable pills, when I travel, in case another acute attack should occur away from home.

It is always amazing how, when things go wrong, one's body can often heal itself without any particular treatment. For example, a couple of years ago, I developed a wart on my right index finger, which became quite painful when pressure was applied. But, gradually, over several months, without any treatment at all, this wart disappeared.

My main medical concerns now really relate to the car accident I had in March 2007, when my Corsa went off the road, due to a burst tyre, and I crashed into various trees before ending up in a stream, about ten yards off the road. The car was a total wreck. Because of this accident, I had fractures of the sternum, two ribs, and the left lower leg, broke a tooth, and very severely aggravated a congenital spinal stenosis in my lower back. This latter injury has resulted in permanent numbness, stiffness, and

some degree of weakness in both feet which does affect my walking and my ability to easily climb stairs (however, I manage fairly well, when outside my home, by using a unique wooden stick which is apparently only possessed by me).

Now, in my 84th year, in spite of my recent abdominal surgery, I am basically not in too bad a shape - and, I know that I am very fortunate in being able to state that. At present, my body is not yet obviously packing up. However, the day will come when it will be advisable to start thinking of compiling a “balance-sheet”, a “final stock-taking” to evaluate everything - especially my health and degree of self-esteem.

Eventually, when old-old, departing this life may seem much more attractive than struggling on. After eight or nine decades, how can I expect many more years? In “x” number of years, I will feel that my life has been fully lived, that it is now completed, and I am now experiencing a life which, for me, is too long. I may still not suffer from one serious specific illness - but, perhaps, from numerous, increasingly annoying medical problems. When the burdens of living exceed the joys of being alive, I will then be close to the tipping point in wanting to die. When life is unremitting agony, or unendurable tedium, death will be preferable. Surely this final decision should be mine, not made by anyone else. I know that I do not want to see myself draining away still further until I am a completely empty self, especially if I have to be fed, cleaned and washed, for the rest of my life, by others - this would be such a painful indignity as I have always been a private person. Ageing diminishes us daily - when, in old age, death finally comes, it takes away only part of my “normal self”. At some point in time, I have to consider if I should die now or wait still further, thereby causing myself and perhaps my family to suffer still more, and then die. It is surely my human right, when I am very old and ailing, to decide when is the best time to die - both for myself and for all those around me.

We are generally frightened by the idea of suicide. Perhaps this is because it is painful to imagine that someone we love might choose to die, to permanently leave us. However, if someone is terminally ill, or suffering irreversible loss of personal dignity when very elderly, suicide gives that individual release from further suffering. This rational, or balance-sheet suicide makes excellent sense because the reasoning used conforms to normal logic. It can definitely be seen as being much more acceptable than a suicide related to escaping from some personal problem, such as the loss of a job or the breakdown of a relationship. Some people die too early, others too late - fortunate indeed is the person who dies at the right time.

For those who are terminally ill, or suffering greatly because of an advanced age, there can be a genuine understandable need to die, so unlike some disturbed person who is simply making a “cry for help”. In fact, one would hope that impartial observers, to such situations, would perhaps want to end their own lives by suicide if they found themselves in the same or similar circumstances. It is vital to think of old age rational suicide as a very positive act. It should make sensible people think not why did this suicide happen, but why it did not.

PLANNING FOR MY DEATH

In general terms, I anticipate that my death could happen in one of three ways- very suddenly (such as from a massive heart attack or a severe stroke, without any warning and so catching me somewhat unprepared); fairly quickly (when I would hope that the "instructions" expressed in my advance decision would be respected); or gradually, when what I write in this part of this booklet will hopefully be what happens. For, as many have noted in the past, while life has only one entrance, it can have many exits. As Thomas Browne wrote in the 17th century, "With what strife and pains we came into the world, we know not; but 'tis commonly no easy matter to get out of it". And, at present, I have no idea as to when I might leave this wonderful party. Which headache, lump, abdominal or chest pain may lead to a deadly diagnosis? Do I have, say, ten years left, or just a few more days? How will I die? - suddenly or slowly?

It is difficult to prepare now for the "very sudden" situation except to live each remaining day to the full because it might be the last one. We all know that life can end in a flash, such as, for me, in another serious car accident, or perhaps, without any prior indication, in my sleep. When I married the second time, my best man was Stuart Alexander - five years later, he died, in his early sixties, while asleep from a major heart attack (as a New York doctor, he had specialized in chest diseases: was he aware beforehand of any cardiac problem?). For me, the odds are, now in my 80s, against a swift death - however, although perhaps not for her, it would be wonderful to die suddenly, close to Angela. A sudden death, at an advanced age, would be lovely both for me, and eventually, for my relatives.

It is still my regular custom - following advice I had from U Thant, a former UN Secretary-General, in 1972 - to spend a few minutes at the end of each day (lying in bed, instead of saying any prayers) thinking of what has been the best thing I have done that day and what has been the worst thing I have done, with the determination to repeat the former whenever possible, and to avoid duplicating the latter. As I slowly write this booklet, some of my best thoughts at the end of each day, will be on particular words or sentences that I have typed. In many ways, I hope that my death will be fairly easy for me as I have given so much thought to it - I have accepted the fact, for a long time, that one day it will all come to an end.

In my remaining days, weeks, months, or years, I hope to continue to enjoy, as much as possible, the pleasures of living every day with Angela, of talking with my three daughters (I look forward, every weekend, to our telephone calls, as they all live on the East Coast of the United States) and my close friends, of having good intellectual discussions (ranging from the nature of the universe to the advantages of a secular society), and to remain campaigning for legalized doctor-assisted suicide (for the terminally ill, severely disabled, and the very elderly, as long as these individuals remain competent). If I am unable to be active in this way, I doubt if I would want to remain alive for long.

In the time that is left to me on this planet, I want to enjoy my present activities (and pleasures) with increasing intensity, knowing that they cannot continue for ever. It is important to remember that, in any campaign, everybody has a final weapon - their brain and their body (one can think of just two examples, very many years apart, such as General Gordon's death, in Khartoum in 1885, and of Bobby Sands, the IRA prisoner, who died in 1981, after being on a hunger strike for sixty-six days).

I certainly do not want to end up in a nursing home. I spent one week in what was considered to be an excellent place after my car accident in 2007 (an interval between being in

hospital and returning home). I can still remember the noises from neighbouring rooms, a faulty call system, and several rather unpleasant staff. Many care homes are little more than aimless places with little aspiration beyond feeding, dressing, and washing all residents, with perhaps the economic incentive to prolong their lives for as long as possible. This halfway stop on the road to death, this depersonalized existence being walled off from the outside world, rarely seeing friends and relatives, is not for me.

Every now and then, the media reports on shady practices in some care homes: for example, of residents who might complain or fret too much being put on tranquillizers. In these situations, it is often difficult to protest, because the staff usually decide what is best for the resident. When residents become seriously ill in many nursing homes, they are often quickly sent off to hospital, especially if the staff in these homes are fearful of litigation. If given the choice, surely there are much better alternatives to an impersonal death in a nursing home or on a chronic hospital ward.

Should one grow old gracefully? Withdraw quietly into the shadows, telling everyone that one is happy, and face gradual decline until the blinds are finally drawn? Cold, stoic firmness is not for me. Alternatively, should one go down with all guns blazing, full of self-pity, and raging against all that the dying process involves, compelled to fight for every last breath? Thinking of past kings and queens who faced death bravely on the scaffold, or those who quietly stood before the firing squad, perhaps one could earn a medal for dying bravely? In some ways, the development of a blank dementia might be beneficial (except for the unfortunate relatives who have to witness the disappearance of someone once very close to them).

In many ways, very elderly people have had years and years to get used to the idea of death. In fact, we should perhaps set an

example to younger people and teach them to welcome death, especially when life becomes too wretched - then, it is time to leave the party (especially before the rest of the family start to yawn and look at the clock). Essentially, we have to move on - otherwise, we will be very elderly parents of children who themselves are going bald and starting to bend over. We are mortal, and we know more and more, as we age, that we are mortal - but, this is a fact that many find disquieting.

When we are affected greatly by degenerative illnesses, constant pain and the nightmarish dwindling we dread (and I am thinking again of Nan Maitland), surely these are all excellent, even beautiful, reasons for wanting, very rationally, to die. Surely old people who decide to seek a doctor’s assistance to end their completed lives are to be admired and even thanked. They are sparing themselves and their families a great deal of unnecessary suffering - their honourable suicides should be wonderful examples to future generations. At an advanced age, they can stop being a burden to themselves, to their family and close friends, and to society.

Every life, and every death, is very special. Every life is different from any that has gone before it - and so is every death. Life is a narrative, with a beginning, a middle and an end. That end should be appropriate for the individual and should be planned - not an end that trails off pitifully into chaos and darkness.

We should seriously ask ourselves if the extra years many are forced to live are actually worth it to those who live them. Doctors and families can keep on treating, and looking after, very elderly people, but what is the “extra life” really for? Just because we can keep people alive nowadays, to an advanced age, does not mean that we should - especially if those individuals, having completed their lives, are mentally competent, and are able to clearly say “Thank you for all your efforts, we now believe that

enough is enough". Death is not the greatest of all evils. It is far worse to want to die, at an advanced age, and not be able to: when someone's closing years hold nothing but severe pain and great suffering, considerable loss of dignity and despair, death is then a most welcome visitor.

Like most doctors, I know that much of the medical care given to elderly patients, near the end of their natural lives, is futile. Often, even painful treatment may be involved - this may slightly prolong life, but, in reality, it usually does nothing to improve the quality of that life. Then, the final months may be a "living death" rather than a meaningful life.

New technologies for prolonging life will continue - yet the results may not be what we wish. It is waiting for death that can wear many old people down - a distaste for what we have become. Why do we so frantically seek to extend life? By prolonging the lives of the very old and the very frail, unless this is their wish, we surely invite the question - for what purpose?

It is important to remember that today, for most people in the UK, at least half of all the medical expenses they accumulate in a lifetime are actually spent in the last year of their lives. Very few doctors, from their own experiences, cling to life, undergoing unrealistic futile treatments. They prefer to enjoy what is left of their lives, unburdened by ineffective efforts to cling to life at all costs (in fact, doctors have a suicide rate that is higher than the general population). Of course, the situation is very different if someone is young or even middle-aged: but, it is realistic when an individual is in their eighties or older.

Dying in hospital, though it may be postponed by advances in medical treatment and in technology (if someone wants this), may be very lonely and unpleasant. Often, there are not enough personnel to care for the old in the most basic ways, by

spending time with them, by helping them to eat and drink, and even by talking with them. Such neglect contributes to a bad death, especially for those who remain mentally competent, and so are able to recognize, with some degree of horror, what is happening to them.

Living to a ripe old age should be a cause for celebration. In reality, many very elderly people live in fear of how they will endure it. Hospitals are mainly for acute intensive medical care where one should stay for a limited period of time - where treatment can be given to get someone quickly back to a normal life. Hospitals are not ideal places in which to die. Unfortunately, today, so many deaths occur in hospitals, with individuals often hooked up to tubes (from feeding to drainage by catheter) and encircled by machines, with bright lights and considerable noise, and staff (perhaps many doing their best, but as strangers they are often impersonal) preoccupied with recording a patient's pulse, temperature, blood pressure, and excretions.

In hospital, dying patients may have little control over their personal care, their sleep, their meal times, and even simple matters as wanting a nearby window opened or the curtains drawn. Lonely, frightened and confused, elderly patients may not be able to speak or see much, or hear well. Surgery may be of questionable benefit. Chemotherapy may cause severe side effects and an uncertain response. Bruises on the arms, backs of hands, and feet may be present from the insertion of intravenous drips. Bed sores may be painful. Corpses often reveal the history of their dying.

Dying in hospital, with individuals perhaps experiencing pain, nausea, constipation, and a variety of infections, causes many people unnecessary suffering. Elderly patients appear diminished, perhaps even disfigured by their disease or invasive surgery. With loss of weight, and maybe even height, and pale complexions,

they may drift in and out of consciousness, too weak to hold a conversation or even sit on a commode.

Some elderly people, near the end of their lives, may have repeated periods of hospitalization, with endless discussions and decisions about treatment, and periods of decline with intervals of improvement. Many doctors handle these end-of-life situations well, explaining everything to the patient and to the family. But, unfortunately, many do not, delaying or avoiding bad news, using euphemisms, perhaps even giving false hope, and eventually spending less and less time with the dying patient, deserting someone in their final days. Of course, doctors are human, having to deal possibly with their own fears of death, and sometimes, responding to pressures from families to treat, deciding to do more.

In hospitals, families maintain a death watch in the corridor or in the waiting room far away, with often only one or two persons at a time being allowed to be by the bed of their dying relative, keeping a bedside vigil. In such public settings, the grieving family may have to repress its emotions. Relatives may miss the chance to properly say goodbye, perhaps even to smooth out the wrinkles in a relationship. Do families really want to see a loved one dying slowly in hospital? Unfortunately, many families may sincerely believe that keeping a dying relative at home reflects a lack of affection because that individual is being deprived of intensive medical care.

The majority of us want to die at home and not in an institution. Most of us want much more control over what medical care we receive, especially near the end of life. Often, very elderly people forget that it is everyone's right to refuse - or accept - specific treatments. And, their "instructions" regarding treatment can be reinforced, can be documented, by making an advance decision,

when they are mentally competent. A few elderly individuals may request aggressive treatment near the end of their lives in order to be kept alive for as long as possible - that is their personal choice. But, for many, the option of possibly dying sooner, and being kept more comfortable, is surely greater than staying alive with excessive treatment which may cause increased discomfort, dependence, and decreased quality of life.

At this point, it is necessary to write something about our palliative care system in the UK. First of all, it is one of the very best in the world: but, unfortunately, its services are still not provided uniformly well throughout the country. Hospices have done excellent work, especially for individuals dying from cancer or HIV-related diseases. But, these services are generally available only in the last few months of someone's expected life - and, often, what is provided can be seen, to some observers, as rather patronizing, when many individuals, like myself, really want greater independence and control over how their lives should end.

For many dying people, the hospices in the UK, or good palliative care at home, will provide an adequate solution to ease their final suffering. But, being perhaps rather selfish, I do not want to wait until the last few months of a terminal illness, or the final stages of my dwindling, before I die. I prefer to go when my departure can be much more dignified, on my own terms.

If at all possible, I do not want to end my life in either a hospice or on a hospital ward. Of course, the ideal situation would be to die at home, in very familiar surroundings, at a moment of my choosing. If death is a part of life, then a "good death" is an integral part of a good life. As I get older and older, I find myself asking this question more and more - "Must I wait until a "natural" death ends my life on this planet, decrepit and perhaps in great pain, with a deformed body - in fact, a dehumanized Michael?"

Would it not be more dignified to leave this world, at an advanced age, as close to my usual self as possible? If I should get untreatable cancer, motor neuron disease, or simply be very ancient, I would not want my three wonderful daughters or my loving Angela to remember me in these final stages of life, severely incapacitated. Surely it would be an act of courage, a great matter of personal choice, to follow my long-term principles to their logical conclusion.

The great majority of us do not leave this life in a way that we would choose because we live today in an era not in the art of dying, but in the art of saving or prolonging life at all costs. We should believe more, at an advanced age, in the former - in ars moriendi. As Thomas Jefferson is reported to have written to John Adams, another US president, “There is a ripeness of time for death...when it is reasonable, we should drop off...when we have lived our generation out, we should not wish to encroach on another”.

I am very pleased to tell all who will listen to me how old I am as I am still delighted to be so active, especially mentally, in my mid-80s. In a sense, modest longevity has been achieved - it is now a cup on the mantelpiece. And, if my ageing continues to progress fairly slowly (at least, for the present), I can easily see how I could perhaps gradually adjust to a situation which could still be tolerated. Humans are highly adaptable - at least, up to the point at which life becomes demeaning, when essentially we become non-persons.

I see my death as something rather wonderful to look forward to - it would be like finally coming home. In “x” number of years, I will cease to exist. This does not bother me greatly because, starting at the beginning, I have no personal knowledge of my existence before I was born. My death will be, in many ways, a merciful relief from all life’s increasing anxieties and troubles. It is

going to happen to all of us - so, at the right time, I will welcome it, accept it fully, and not dread it. Life is only worth living if it is worth living! Life is not worth living if one has become so decrepit that one cannot really function at all. As Nature takes away my legs (after that 2007 car crash) and other parts of the physical me, along with my personal desires, and my ability to be fully independent, I will cheerfully depart as from a good banquet. Go when I want to - this will be the most important decision of my life. I want to be true to myself right up to the end, and then, staying in character, die as I have lived. This final act of rational suicide could then perhaps be seen as an act of “understandable” suicide, with the final balance-sheet being presented for all to fully appreciate the wisdom of my decision.

While my final act of reasoning must be mine, and mine alone, it is naturally vital that my family and close friends fully understand my decision in now wanting to die, and must be prepared to let me go. I would hope that all of them would support me in not wanting to enter, in my late 80s or even older, a half-life of very great discomfort, of a loss of my important faculties, and possibly a major change in my personality. If anyone would urge me to struggle on, surely I am entitled to respond by saying, “What’s the big deal? I have already lived longer than most people lived only fifty or a hundred years ago. I am now on borrowed time. I am now completing my life”. Plus, it is not appropriate that a parent, for example, hangs around too long. I certainly do not want to become a difficult burden for Angela or my daughters.

Talking about one’s death, openly with family and close friends, is crucial. It should never be a subject which one is afraid to discuss as everyone should honestly face up to this greatest and most challenging of all certainties. Naturally, this should be done while someone is still reasonably healthy, particularly mentally - which can be difficult as our present-day culture unreasonably discourages such frankness. Then, further conversations, when

that person is much closer to dying, will be so much easier. It is important that, as much as possible, although not essential, that everyone sings from the same hymn sheet.

Fortunately, Angela and my daughters know exactly what is written in my advance decision, and have copies of this document, so that, if unfortunately I do lose the ability to communicate with those healthcare professionals looking after my debilitating body, they do know what I want to happen to me.

Before getting to the very final stages of someone's life, it is definitely advisable to make specific preparations. For example, for many years, I have given fairly generous annual financial gifts to my three daughters (remembering so well my own difficulties when I was middle-aged and raising them, especially getting them through college), and, if I am fortunate to be able to give even more to them before I finally die, I will do so (and benefit from knowing how they will use these extra gifts). Then, thinking of my personal papers, I have only intentionally kept what I consider to be the essential records (in one modest-size cabinet) for those closest to me to be able to enjoy reading after I am gone (I have thrown out much "rubbish" in recent years).

Will I have a final farewell party? I doubt it. While this, of course, should be a celebration - of a shared life with family and close friends - rather than a sad occasion, I have always disliked even being given a birthday party (I well remember my 80th party, in my youngest daughter's home in Massachusetts, an occasion of mixed emotions). So, no farewell party - just a very few final, private one-to-one conversations.

And, on my very final few days - if all goes according to my present plans, and I travel to Switzerland for a dignified doctor-assisted suicide - I really only want Angela to be present. This occasion will be a very great strain on her, in spite of all the preparations we are making, and I apologize to her in advance for putting her through all of this (although, as much as possible, I hope that she will be happy for me, coming to the end of an existence which has become so unpleasant). But I would not want any of my daughters to be present because, in spite of all the very good intentions on their part, I believe that no parent should really put her or his children, even when they are mature adults, through this process, however dignified it might be. And, it will be important for Angela to have someone she can trust with her, at this time, to support her after I have died.

As I have no "religious belief", in the accepted understanding of this term, with no "god" taking any personal interest in my welfare, my decision about my funeral is a simple one. If I should die in the UK (from that sudden heart attack or stroke, or from the "instructions" in my advance decision being respected), I just want to be quickly cremated (with no religious minister anywhere near my corpse) with only Angela present as a witness. There will be no eulogies or insincere statements at this British funeral. However, perhaps either "My Way" or "New York, New York" could be playing in the background as I am cremated. If I die in Switzerland, then my cremation quickly happens there with no one present - so practical and sensible.

Finally, I want my ashes to be thrown into the sea near to the derelict West Pier in Brighton and Hove (the recognizable logo of SOARS). In spite of our unique gifts, humans are part of the ecosystem, like any other animal. Our ashes should return to the great cycle of Nature - we die so that the world may continue to live.

As I get closer and closer to the end of my natural life, I wonder if I will have much difficulty in coping with the idea of myself no longer being in this world? Will I be disturbed to think of the world - in which I have been so involved (my favourite TV

programmes have always been "news bulletins") - going on without me? My friends and colleagues, especially in the right-to-die movement, will be meeting without me. Angela and my children and grandchildren will be living their lives without me. But, what I have written during my life will live on, at least for some time, hopefully to possibly interest those who knew me. Essentially, I really hope that others will continue to campaign for old age rational suicide, so that perhaps this possibility will become legal, in the UK, before the end of this century.

In fact, what will I miss when I die? Of course, I will miss sharing the remaining pleasures of living with Angela and hearing about my daughters' lives. But, they have to begin thinking of the end of their own lives one day, and, hopefully, the way I handle my demise might be a useful example for them to follow. Then, thinking of much less personal matters, it would perhaps be interesting to see, for example, what eventually happens, as I have mentioned before, with the developing problems of religious fundamentalism in many parts of the world, with the potential difficulties that might arise between China and the United States, with the strong possibility of climate change, or with the many developments in the fascinating world of technology.

Death was once very much a part of life. People grew up seeing parents, spouses, and friends die. It brought families, friends and neighbours together - to provide comfort and dignity to the dying. Death scenes were abundant in art, dance and literature. Death used to be more of a social process rather than a medical event. Most people, even only fifty years ago, died at home. Death was a normal experience, with people knowing what to expect. Pneumonia was once called "the old person's friend" - before the arrival of antibiotics, it promised a quick, generally painless, exit from a declining life.

Since the 1960s, however, advances in medical technology have resulted in Society moving away from this idea that death is a natural process. It has become an institutional event rather than a personal one. Today, death is much more likely to take place, not at home, but in a hospital, a nursing home or in a hospice. We hide the dying away, turning death into an unknown, unseen, and therefore, a much more frightening prospect.

In our unfortunately very busy lives, we tend to forget today that everyone is sentenced to die. On the day that we eventually die, thousands and thousands of other individuals, around the world, make the same journey. In the UK alone, about 1,700 people die every day. Every person one has ever met, everyone we pass on the street today, is going to die. Nearly the only thing we can all be certain of is that one day we will all die, leaving everything behind. Everybody - the rich, the poor, the religious believers and the atheists - are equal in having to face this eventuality.

Dying is possibly, if we are fortunate, the same as falling into a dreamless sleep. I can anticipate falling asleep, getting drowsy, while still awake: only on waking up, do I discover what has actually happened. However, I am unaware of the exact moment of going to sleep. So, falling asleep is like a short death. The word, cemetery, comes from the Greek, meaning a sleeping place. Perhaps we can think of death as an unending sleep - although, of course, it cannot be because we eventually awake from sleep, but never from death. But, as we spend a third of our lives asleep, are we preparing for death while we live? The concept of an old age rational suicide should be like the blissful feeling someone can experience when going to sleep after a very long day spent successfully at work or doing what we like most.

Yesterday is history: tomorrow is a mystery: today is a gift - that is perhaps why it is called the present! Every day should be lived as if it is the last one - because, one day, it will be. We become

so accustomed to living that we often forget that, eventually, we have to die. Everyone should always be prepared to die. Shakespeare had his seven ages of 'man', where each stage died by merging into the next. When an old person finally dies, this is perhaps not much different to the "little deaths" (such as a difficult divorce, or the loss of a job we liked) which have happened throughout our lives?

If we accept that we are dying slowly, life may perhaps take on a new meaning. Meeting relatives and close friends becomes more important, food can be fully enjoyed, caressing a cat is very pleasurable, making love may be beautiful, and listening to music and watching good plays, or having genuine intellectual conversations can be increasingly stimulating. This prospect of death can make each moment precious, no matter how trivial it might seem.

No one else can really share my perspective of this world: no one else can experience my feelings or have my consciousness. While my life may be only one among some seven billion, it is of very great significance to me. Yet the prospect of my death elicits this awareness of being alone because no one else can die for me. Moving towards my own death is my task alone. Others may stand near, may feel sorrow, and may even be able to understand some of my feelings. They may believe, with good reason, that they are losing a part of themselves. But, it is only a part, and for them, their lives will continue.

Death exposes us. It strips us of all the protective layers we have developed as we live. Each of us has to cope with death in our own way, finding out what works best for each of us. To a certain extent, we are dying every day - getting closer and closer to the end. We are all in terminal decline. Above all, it is important to remember that, in words attributed to Cicero, "After death, either we feel better or we feel nothing".

There is no recovery from being old-old. It is a harsh reality that, once most people reach their late 80s today, their futures will be relatively short. Beyond a certain point, survival becomes mere survival as life becomes one of worsening problems, with less and less autonomy. Dying soon after this point in time, while still in some control of one's life and activities, may mean sacrificing a very modest period of simple existence, but usually this will be of a very poor quality. One can turn the inevitable event of death into an act which has been very carefully considered, avoiding further difficult living which would become increasingly burdensome and undignified. At this stage, courage should allow these rational individuals the opportunity to end their lives, if this is their persistent choice.

There are many very elderly people who suffer acutely before the natural end of their lives, and who ask that they be helped to die not on account of any principle but because of the very nature of their suffering, what they see as the total indignity of being unable to do anything for themselves or have any control over the way that their lives are lived. Once, they were people of free will, choosing what they did and independently deciding how they should live. Now that that has gone, their lives are complete. They could doubtless bear the pain, if there were any hope of regaining control of their lives.

These elderly individuals hanker for autonomy because they personally intensely prefer freedom to being slaves to the illnesses which cause them so much suffering. Above all, they hate the prospect of total dependence on others, detest losing control, and are unwilling to sacrifice their individuality to institutional norms and regulations. They want to be in charge of their fate, and it is the uncertainty about the end that is so distressing to an unbearable degree. What causes this intense suffering is not relieved by medicines or psychological supports but by respecting their wishes and allowing them to choose their own time of death.

These are the mentally competent elderly people who fully support SOARS and who want to see the law eventually changed, in the UK, to give them the option of a dignified doctor-assisted suicide at an advanced age. In so many ways, I regard the Society for Old Age Rational Suicide as my most important legacy.

Hopefully, when I finally decide to experience my own old age rational suicide, I will make that necessary trip to Switzerland. Personally, I have witnessed how Dignitas and EX International handle a dignified doctor-assisted suicide, and I have no hesitation in believing now that, at the right time in the future, this is the way in which I would like to die. As Gandhi once noted - “Be the change you want to see”.

So, on some day in the future, I will fulfil my last sincere wish, my very strong desire to be in personal control right up to the very end of my natural existence, and complete my life with a rational doctor-assisted suicide, with the help of some of my Swiss friends - an appropriate finale for the founder of SOARS. If only this possibility was available in the UK - that would really be paradise on Earth.

The End of Sentience

The day I die, that’s it. I’m dead.
There’s really no need for crying.
The act of life, of birth and being,
Includes the act of dying.

No mausoleum, no funeral pyre,
Just lay me in the earth.
Let my body restore a part of what
It has plundered since its birth.

No platitudes, no priests, no myths
Of life in the everlasting.
Remember me for what I was.
Perhaps, gently regret my passing.

We all must die; and yet live on,
Though neither in heaven nor hell:
But in genes, passed on, and on again
Down time’s eternal swell.

And also in deeds. The consequence
Of what we do on Earth
Can affect the lives of thousands
Who have yet to discover birth.

For once I’ve died, that’s it. I’m dead!
My sentience ends that day.
It will not have an after-life:
There is no need to pray.

(Petter Finne - 2009)

'I hope you're not thinking of living to be 110..

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