

# Why I have a living will

By Dr. Stuart Houston

When my father began practising medicine in 1926, expensive investigations such as barium studies were rarely performed on anyone over 80. Grand-

pas and grandmas were rarely brought to hospital unless they broke a bone. When told that cure was not possible or that death was near, most families would take their loved ones from hospital to die at home.

Even after the Saskatchewan Hospital Insurance Plan began, some families followed the old traditions. I remember a woman near 70 whose brother had amyotrophic lateral sclerosis (Lou Gehrig's disease). She cared for him at home. When he could no longer swallow his secretions, life held little pleasure for him. Frequent suctioning in hospital might have prolonged his existence for another month, but would not have prolonged life with any meaning. Despite the stress placed upon his sister, he died at home. With dignity.

During my general practice experience in Yorkton, I did one year of internal medicine at the new University Hospital in Saskatoon. I will never forget the wise priest who gave a lecture on ethics. Agreeing that it was our job to protect life and promote health, he made an

important distinction between prolonging life and prolonging the act of dying. While we often lack the wisdom to differentiate between the two, I feel that some modern doctors do not even try, even if many of us have had plenty of lessons.

When Uncle Henry, at 82, blew his nose, had a sudden excruciating headache and lapsed into unconsciousness, he was taken to hospital. Because my conversations with his young internist were not entirely satisfactory, on the 10th day of coma I phoned the senior doctor in the clinic and asked him to look in on Uncle Henry. He ordered an electroencephalogram, found no electrical activity, and turned off the respirator.

That wise old doctor provided relief to the family and to taxpayers. Modern respirators and other life-support systems have their place, but they make decisions much more difficult. Once a respirator is turned on, the easiest thing to do is keep it running indefinitely.

Because of such experiences and the strong wish that I might die with dignity when my time comes, I had my lawyer draft a living will. He has a copy; so do my wife and children.

Admittedly, if I am carried unconscious to a different hospital, the attending doctors and nurses won't know about my living will until a family member arrives. Even then, there is some danger that the doctors will not pay attention to its requests. I fear this possibility much more than any slight risk of being denied appropriate and effective life-saving measures because someone tries too hard to meet the terms of my living will. However, I know my family will support my declaration.

Why do I support the concept of living wills? I have a moral-ethical concern about "death with dignity" and I abhor the unnecessary and inappropriate prolongation of life at inordinate expense.

Let me be clear. I am not talking about euthanasia, to which I am irrevocably opposed. My concern relates only to all-too-common instances where the act of dying is unnecessarily and unwisely prolonged. I grant that it is too easy to judge doctors who try to do their best and, in case of doubt, give the nod to continuing the effort. Until all hope of recovery is extinguished, especially with younger patients, one must wait a while. But in some of these situations, my old family doctor traditions would not allow me to wait nearly as long as many modern doctors do.

My living will is a personal response to a very real concern.



*Dr. Houston, a professor in the Department of Medical Imaging, Royal University Hospital, gave permission to excerpt this article from one which appeared in the Canadian Medical Association Journal in August, 1988.*

# This is Dr. Houston's living will

To whom it may concern:

This directive is written while I am of sound mind and fully competent.

Death is as much a reality as birth, growth, maturity and old age — it is the one certainty of life. I do not fear death as much as the indignities of deterioration, dependence, and hopeless pain. If the time comes when I, C. Stuart Houston, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes, while I am still of sound mind.

If I become incompetent, in consideration of my legal rights to

refuse medical or surgical treatment regardless of the consequences to my health and life, I hereby direct and order my physician, or any physician in charge of my care, to cease and refrain from any medical and surgical treatments which would prolong my life if I am in a condition of (1) unconsciousness from which I cannot recover; (2) unconsciousness beyond a period of 8 weeks; (3) mental incompetency which is irreversible. If my condition is hopeless, I do not wish my suffering to be prolonged and the act of dying prolonged by artificial ventilation or intravenous or nasogastric feedings.

This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this appears to place a heavy responsibility upon you, but this will is made with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong convictions. I hereby absolve my physician or any physician taking care of me from any legal liability pertaining to the fulfilment of my demands.

— Clarence Stuart Houston