# A selfish socialite chose to die. The right to be killed is quite different

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Words matter. Sometimes, it is a matter of life and death. Literally so, in the debate over the so-called right to die.

I say "so-called", because this term has been used by the voluntary euthanasia movement to describe its aim that the sick be given the legal right to demand that doctors give them — whenever they want — a fatal dose of poison. This should more accurately be described as the right to be killed. There are understandable reasons why people should want this "right"; but we should call it by its proper name.

Because of this confusion, a dramatic court case reported last week was inaccurately presented as if it were a significant step towards what the misnamed right-to-die movement wants. This is the case of a 50-year-old woman — we are allowed to refer to her only as "C" — whose demand not to be subjected to life-saving dialysis had been upheld by the Court of Protection. She died last week, within days of the judgment's publication.

It is understandable that the case attracted so much media attention. C was a glamorous woman who had had four marriages and numerous affairs along the way. She drank and partied her way through the lot of them.

As Mr Justice MacDonald put it: "[She] spent the money of her husbands and lovers recklessly before moving on ... when the money ran out. She has ... been an entirely reluctant and at times completely indifferent mother to her three caring daughters ... C is ... a person who seeks to live life entirely and unapologetically on her own terms; that life revolving largely around her looks, men, material possessions and 'living the high life'. In particular, it is clear that C has placed a significant premium on youth and beauty and on living a life that, in C's words 'sparkles'."

Then, faced with treatment for breast cancer, the breakdown of yet another relationship and a sudden loss of income, C took an overdose (consumed with a bottle of Veuve Clicquot champagne). She relented enough to admit herself to hospital, where it was established that she had done great damage to her kidneys and would require dialysis — possibly on a permanent basis — to survive. C, described to the court by her two elder daughters as a person of "excruciating honesty", made it clear to doctors at King's College Hospital that she did not want to be attached to a dialysis machine for any length of time, let alone permanently. In other words, she refused the only treatment that could preserve her life.

In this decision she was backed by her two elder daughters (there is no record of the view of her youngest, teenage, daughter): "We think it is a horrible decision. We don't like the decision at all. But [we] cannot get away from the fact that she understands it." Yet two psychiatrists decided that she did not have "capacity", under the Mental Capacity Act 2005, and therefore should be compelled to be put on dialysis. The hospital also told the court that as C could well object violently to being forced into such treatment, they would need to sedate her heavily.

The judge, in my view rightly, recoiled from this prospect; and he cited a seminal ruling in which the late Lord Donaldson declared: "An adult patient ... who suffers from no mental incapacity has an absolute right whether to consent to medical treatment ... This right of choice is not limited to decisions which others might regard as sensible. It exists notwithstanding that the reasons for making it are rational, irrational, unknown or even non-existent."

One of the psychiatrists told the court that C was suffering from something he called narcissistic personality disorder; but, as the judge observed, this did not justify the two shrinks' assertion that she did not have the capacity to understand the consequences of her refusal of the recommended treatment. Indeed, she was being entirely logical in her conclusion that such long-term treatment would be completely incompatible with "drinking and partying" — and on that basis she preferred the inevitable consequence of a speedy death.

That might seem an immoral decision — especially with one daughter still in her teens — but as MacDonald also pointed out: "The court being satisfied that ... C has the capacity to decide whether or not to accept treatment, C is entitled to make her own decision ... based on the things that are important to her ... and without conforming to society's expectation of what constitutes the 'normal' decision in this situation (if such a thing exists)."

I admit to a particular interest in this case, because my mother died of liver cancer at the age of 47, having decided she wanted no medical treatment. This was not a decision opposed by the doctors: by the time they had (belatedly) discovered the tumours, her condition was terminal, and she died within weeks of diagnosis.

Nevertheless, it was obvious to me and my sisters that she quite welcomed the idea of death and certainly had no ambition to live long enough to become a grandmother. Though my mother was neither selfish nor hedonistic, I was vividly reminded of her on reading that, when diagnosed with cancer in 2014, C told one of her daughters that she was "actually kind of glad, because the timing was right".

C's response to her failing kidneys was consistent with this: rejection of the dialysis that had — according to her doctors — a high probability of success. Yet it was obtuse of Alistair Thompson, a spokesman for the anti-euthanasia Care Not Killing alliance, to condemn the Court of Protection's judgment: he described it as "a terrifying cautionary tale ... This is an absolutely chilling message that the court has sent out, that someone who felt they had lost their sparkle because they are over 50 should be allowed to die."

I have written many times that advocates of euthanasia are being disingenuous (at best) when they repeatedly claim their demands are simply a reaction to the ability of modern medicine to keep us alive for "too long". My response has always been that anyone with "capacity" can refuse all medical treatment and that this is a much safer answer than state-licensed "assisted suicide" — which, as certain other countries in Europe have found, can indeed slide into something quite sinister.

The assertion of Care Not Killing that someone such as C should not "be allowed to die" would be a scarcely less sinister change to legal practice, if adopted. As MacDonald observed at the outset of his lengthy judgment, there is a "very long established right of the patient to choose to accept or refuse medical treatment from his or her doctor (voluntas aegroti suprema lex)".

For as long as that principle is upheld — however odd it may appear in a handful of hard cases, such as C's — it is correct to tell the advocates of euthanasia that the law as it stands gives us all "the right to die". And if they want something more radical, they should campaign for it with honest language. C would have understood that.

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Sunday Times 6th Dec 2015

**SHE WAS WHOLLY LOGICAL IN HER CONCLUSION THAT TREATMENT WOULD BE INCOMPATIBLE WITH 'DRINKING AND PARTYING'**