

The Times 12th February 2019



Giving patients the right to die — or choose life

Sir, I read with particular interest your articles (Feb 7 & 8) about Geoff Whaley because I was diagnosed with motor neurone disease (MND) four years ago, but instead of sighing with relief as my respiration started to fail I refused the morphine for a dignified death, ignored the advice of the medical establishment and opted to have a tracheostomy.

In the UK the rate of tracheostomy is extremely low, but I found out that the rate in Japan was one third. I dug deeper and found out that this rate had been rising over the past 20 years, so I concluded that word must have spread that being paralysed but alive was not the living hell that UK neurologists often predicted.

And indeed I am paralysed and in bed. I cannot eat, drink, taste or speak, let alone pick up a copy of *The Times*, but I swear that I am a happy man enjoying life. It is a great pity that this story isn't told so that those in the UK who are diagnosed with MND are not offered an alternative to gloom or ending their life.

JOHN HUGHES

Ho Chi Minh City, Vietnam

Sir, My husband died peacefully with immense dignity in his own bed with

his loving family around him at the time of his choosing — with the support of our motor neurone disease specialist nurse, local doctor and the wonderful palliative care team from Loros Hospice in Leicester.

I endorse Professor Christina Faull's letter (Feb 9) on the misinformation regarding the inevitability of a MND patient choking or suffocating to death and/or suffering pain and a long-drawn-out death. I promised my husband of 49 years that I would support his decision to withdraw his non-invasive ventilator when he felt that his life was no longer worth living, and this was something we had discussed as a family. All those who are facing a terminal illness should talk to their loved ones and doctor about their end-of-life wishes, and if necessary complete an advance decision to remove treatment.

TRICIA LAWRENCE
Malmesbury, Wilts

Sir, My father was in hospital in 1985 with a terminal illness, which had been treated with compassion and professionalism by his local doctor until it progressed to his needing constant nursing. My mother and I were visiting when the hospital

matron called us into a side room to explain that, although everything possible had been done to relieve his suffering, he was likely to live only a few more weeks (if that), was in need of constant pain relief and regular uncomfortable lung drainage. She asked a simple question: "What do you want us to do?" The answer to us both was obvious. He died peacefully within a few hours, after we had said our farewells.

Bring back matrons.
PETA SUTHERLAND
Alton, Hants

Sir, As a retired GP I am often asked to identify the highpoints in my career. The fabulously unlikely correct diagnosis? The reduction in my patients' cholesterol? No. Always the same answer: giving my patients a good death. As pain-free as possible, dignified, free of fear, usually in their own home with people they love. Why society demands that we maintain life at all cost, against the wishes of the individual, is an archaic supposition. The sooner our laws are rewritten to help people to end their own lives under their own terms, the better.

DR TOM ETTLING
Mount Hawke, Cornwall