

The Passy Press

Letter to the Editor

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To: Nick Gardiner enpg@thepassypress.com

Date: December 9, 2014 11:58 a.m. EST

Subject: Essay on Death With Dignity by Charles Hamlin, MD

Dear Sir,

It caught me off balance fifty years ago when my high school classmate, who had been badly injured in an automobile accident on his way home from college his freshman year, told me in all earnestness that he planned to take his life. I had by now graduated from the Naval Academy and I always visited with Ken when I was home on leave. He and I had been close in our teen years, confiding our innermost thoughts. I knew he envied me. We had gone our separate ways with high aspirations, Ken to Georgia Tech and I to Annapolis. But Ken's dreams were dashed on his way home for his first vacation. Ken wasn't driving. His friend was. It just happened – no fault of Ken's. Crippled for life, including brain damage, his dreams were dashed. It was to me a mission to do what I could, every time I visited home. – tell him to buck up. Truly, I felt his pain. But this time I lost it.

When he said “suicide” I literally turned on him, scolded him “got in his face”. He was taken aback and so was I. It was spontaneous. Maybe the Marine Corps had already taught me to be tough – but the words came like a drill instructor dressing down a private. “Do you know how many people you would *hurt*?”, I chided.

I drove back to my parents' house feeling really bad. Maybe I'd been right. But why be so tough on the poor guy?

As the years passed – Ken lived to be nearly sixty – he thanked me more than once. His dreams of college were over but he regained his old sense of humor, laughed, and even fell in love and won the heart of a wonderful woman who seemed to see into his soul.

When I read Dr. Charles Hamlin's “Mortality, Morality, and Honor; The End of Life Paradigm”, *Passy Press*, 7 December 2014, I remembered Ken. I know now it was the sincerity of my feelings for him that so roused my emotions. There is a dimension here to consider before entering into a business deal to scientifically take one's life. No matter how scientific and legal, it is still suicide and the scars on those we leave behind – especially on our children – no matter how “grown” they are, can be devastating.

Dr. Hamlin posits that “ it is the right of those of adult years and sound mind and who are at the end of their lives to orchestrate a peaceful death on their own terms.” He cites “three areas of resistance” to his thesis: (1) religion, (2) the fear of assisted suicides, once legitimized, spiraling to routine and common practice (the “slippery slope”), and (3) the tenets of the Hippocratic Oath.

Each of these he finds justification to waive. Omitted is how we determine what and when is the “End of their lives”.

And I do not gainsay that Dr. Hamlin has a point – a significant one, indeed, and one for which I appreciate the pause it gives us to reflect. The only thing more painful than the physical anguish of a deadly injury or disease that persists in its ravages, yet refuses to kill, would be the mental anguish of watching a loved one suffer from the same thing. Those of us who are God-fearing – and I am such a one – must grapple with the decision: to act or not to act.

If one’s relationship with God is personal, as is mine, we can come to Him in prayer and introspection. His “book of rules” The Old and The New Testament, still stands. We do not live in a world of “no absolutes”. Yet, as a Supreme Court Justice must weigh circumstance against law and Constitution, so it is, in my belief, with God and man.

“God, is it time? Do I act? Or will you take him or her? If I do it or if he or she does it, have I broken Your law?”

As a lifetime Marine officer who had two combat tours in Vietnam, including command, the reality of death and decisions of life and death, are not new to me. As a lifetime Anglican Christian dating from my days as a soprano choir boy, my relationship with God has been conscious, real, and of long-standing.

In these days of increasingly scientific ways of taking life painlessly, it is important that we consider the attending physician’s conscience as well. He, too, has an issue to resolve with his Maker if he is to take part in what we call nowadays “Assisted Suicide”.

If all three, God, patient, and doctor, are in agreement, then I have no reason not to condone. God’s agreement, beyond legal certification, must come personally in prayerful communion. The unbending principle, however, if we are to remain a civilized society, is that there *never* can be a law or a regulation or policy – not even a custom - that *requires* either physician or patient to take a life. Not his or her own, nor that of any third party. *Both* must be free to live and to let live, regardless of all else. This speaks volumes, too, of the indispensability and sanctity of a solid and personal doctor-patient relationship.

Dr. Hamlin gives us welcome insights. Even so, I for one would eschew a time that taking one’s life would become “the easy way out”. We do not “go gently into that dear night” unless we are taken there at our Maker’s bidding.

Michael Wyly

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