

Public deaths and the right to die

Terri Schiavo a former bulimia nervosa sufferer who languished in a persistent vegetative state for 15 years is dead, so too Pope John Paul II. Coverage of, and reaction to, the two scenarios was prominent in the world media and watching either one unfold both moving and fascinating. The anguished family, outspoken politicians and clergymen who opposed Terri Schiavo's death versus the husband and legal system who supported it. The adoring, respectful masses who accepted the death of Pope John Paul II. Two very public deaths. In the case of the Pope, inevitable questions have been asked about the decision to turn his suffering into such a public spectacle.¹ Beyond the media hype, a very real and important issue was brought into focus and was the subject of debate, that of autonomy and dying. Does one have the right to die? Terri Schiavo had no choice in her death, being in a persistent vegetative state. Legal applications were made, on her behalf, and the judiciary decided. For some this has been seen as a completely appropriate decision and outcome.² Pope John Paul II, reportedly, elected not to return to hospital. He chose death with dignity, to leave this world at home in the Vatican, surrounded by those closest to him both in his apartment and those able to be in St Peter's square. Public sentiment seemed one of understanding, not without sadness, and respect. For Terri Schiavo the scene could not have been more different. Legal battles, court rulings, political and religious pronouncements, acrimony and bitterness. It has been argued that the right to life carries with it an understanding of a minimum quality such that bare existence may qualify as legitimate grounds to choose death.² So, what business are these deaths of psychiatry? The concept of autonomy is one that permeates much of psychia-

try and is a core component of the principles-based approach to bioethics that informs much of psychiatric decision making.³ In the case of Terri Schiavo, a decision was taken for her. In the case of the Pope, he made a choice. From a psychiatric perspective, the issue of competency is fundamental to decision making. Even those who argue in favour of public policy supporting doctors practising voluntary euthanasia, accept that rational thinking is a central requirement in competence to make end of life decisions.⁴ This being the case, respect for autonomy should guide actions. From a psychiatric perspective, unqualified acceptance of a right to die raises the spectre of complicity in suicide which is unthinkable. In this regard these public deaths, which are not more remarkable than other deaths under such circumstances, have relevance to psychiatry and merit further reflection.

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References

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