live for the future, but we must find our

## Donna Brown, Northern State College

In giant strides we pyramid measures that heal men's bodies and restore them to vitality. Wh hail the work of doctors who help men live from that first day of birth, but we ignore the fact that they must also help men die. When men and women reach the end of active life, there are measures to prolong the heartbeat; to force nourishment into veins. We deprive death of its victory; but in so doing, have we added to its sting?

At the American Nursing Center where I work part time, Mrs. Zoellner lies in the intensive care unit. Needles protrude from her arms, tubes are taped to her face, a white sheet hides other examples of medical experimentation. No longer able to determine her own fate, she is subject to the whims of relatives and doctors. Not recognizing anyone, she no longer lives a human life. Old age and its diseases make Mre. Zoellner oblivious to her surroundings. Except for occasional periods of extreme pain, she feels or understands nothing. This once proud woman is dying. She has been dying for six months, doctors think she will be dying for six months more. Her family has already abandoned her to that hospital bed. They abandoned her six months ago when she began dying, they will return for her six months from now when she is dead.

Across the hall, Mr. Stern also lies dying. No needles protude from his arm, no tubes are taped to his face. Mr. Stern knows and realizes that death is rapidly approaching. He has asked that he not be moved to an intensive care unit because he does not want his life prolonged unnecessarily. His children have honored his request and are near him. He is not abandoned and alone; his family are constant visitors; and they and he reflect a new attitude on death, ane that more and more people are beginning to accept: When death is imminent for an aged person and nothing would be gained by extending life, except pain and heartache, them let death come.

I do not ask for the mercy-killing which we all, with good reason, abhor. I rather ask that you realize that we are at a point when modern medicine can extend life almost indefinitely, and I raise the question, Should we?

Dr. Edward Rynearson of the Mayo Clinic has indicated that with enough tubes in his body and surrounded by oxygen, there is hardly any way a man can die. That such escape from death may not be desirable is not only shown by the Mrs. Zoellners who are being kept alive. A number of leading churchmen also reflect this view.

In 1957, Pope Pius XII defined the Catholic position when he issued a statement approving the use of modern techniques, but allowing abandoment of such efforts when life is ebbing in order to permit the patient, already virtually dead, to pass on in peace.

derations in our present system. Governmental lenders advocate ide

It was the Most Reverend Bishop Fulton J. Sheen who said that if a doctor told him that extraordinary means would be needed to keep him alive, and he was lying with a body full of needles, he would ask that the needles be removed and he be allowed to die in peace.

But though Christian churches regard the extension of life for the hopelessly ill aged person as unnecessary and even undersirable, many of their members do not. They forget the words of Ecclesiastes,

There is a time to be born and a time to die; a time to plant and a time to pluck up that which is planted.

Many families justify their disregard of Ecclesiastes as love for the patient, when the real difficulty lies in an inability to cope with their own fears about death. So fearful are we, that the word death is hardly mentioned in polite society. We seek substitutes, passed away, gone, asleep, but never dead. And so, because much of society has always feared death, and still does and because medicine has made some remarkable advances, today we extend life for a sizeable number of aged people long after they have lost contact with the life around them.

We who work in the nursing and convalescent centers of the nation can tell you about the pattern. An aged mother or father or aunt is brought to the center for care, This is as it should be. Some recover completely and return to their homes, but for many, disease of a terminal nature guarantees death. It is then that a choice is made. Nearly half face this choice realistically. One man said to me that it is still true as in the beginning; we are born to die, and die we must. And they take Mr. Stern's way. Their pain is eased by medicine's best means, and families, knowing that time is short, keep almost constant company at such a person's side.

The others make another choice. They insist that doctors maintain life regardless of the patient's condition. And they go out in Mrs. Zoellner's way, slowly. The loved ones who make such a choice are indeed unfortunate. After the aged person loses contact with reality, the visits end. The dying person's body processes break down. Tired veins no longer carry wastes away and drifting minds see no one, hear no one. The only reality is pain at being moved, pain of added medication. The only sound the moan of pain. And some loved one, who can no longer stand to visit, keeps murmuring in the background, "Doctor, please don't let her die."

The fifth beatitude states-"Blessed be the merciful for they shall obtain mercy." But doctors writing in medical journals point our that many of the methods used to prolong life, only prolong and accentuate misery. Certainly this is not mercy.

The concept of allowing death to naturally claim its subject, is not apart from our Christian ideal. For Christian man expects an after-life more pleasant than this. For the non-religious person, to whom life is man's only existence, life may as well end when knowledge of it ceases, for then life's usefulness is done. It is also not against our medical code. The duty of a physician is to relieve suffering and protect life as long as hope exists. When there is no hope, says Dr. Ravitch, efforts to extend life represent

... a prolongation of the distress of the family, and above, all an unfair assault upon the patient and a denial of his right to die with dignity.

In the American Nursing Center where I work, I have watched death come. For sone, it is life the swift ebb of a mountain stream after a freshet. Nothing stands in the way, and the soul slips quietly across the final edge of life. For others, it is the slow seeping of water from a stagnant pool.

If the Mrs. Zoellners are to have death with dignity, our whole society must take a new attitude, an attitude that I have seen among the Mr. Sterns whom I have known, an attitude reflected by doctors, and churchmen, an attitude enhanced by the quiet words of Kahlil Gibran's poem On Death;

For what is it to die but to stand naked
in the wind and to melt into the sum?

And what is it to cease breathing, but to
free the breath from its restless tides, that

it may rise and expand and seek God unencumbered?

Only when you drink from the river of

Silence shall you indeed sing.

And when the earth shall claim your limbs,

then shall you truly dance.