

A NATURAL DEATH

AN INTERVIEW WITH DR. MARGARET COTTLE

By Frank Stirk

ASSISTING IN A SUICIDE IS ILLEGAL IN CANADA. Many people think this is wrong and that the law should be changed. They have bought into the idea that the only way for terminally ill patients to be freed of their suffering is to grant them their wish to have someone – most likely their doctor – help them commit suicide.

But the reality is very different. There have been many recent advances in palliative care that make it very possible for doctors to relieve suffering and allow the dying a peaceful, comfortable, truly dignified – natural – death.

Dr. Margaret Cottle is a noted expert on the subject. A resident of Vancouver, she is a palliative care physician and a clinical instructor at the University of British Columbia. She and her husband, ophthalmologist Dr. Robin Cottle, have two grown children and a black Labrador retriever. Ceilidh, as she is called, has her own hospital photo identification and visits patients and families on the Palliative Care Unit.



IMFC: From a lay perspective, what is palliative care?

MARGARET COTTLE: The word “palliative” comes from the Latin “pallium,” which was a cloak that covered the garments that people used to wear. So the idea behind palliative care is something that alleviates as much suffering as possible when there is no chance of cure. And it’s not just physical pain we’re dealing with. There’s psychological pain, interpersonal or emotional pain and spiritual pain. If you don’t address all of those, then you’re not really dealing with the total picture. The other distinctive of palliative care is that we see the family as the unit of care, not just the patient.

IMFC: What have been some of the advances in palliative care in the past few years?

MC: To be honest, I think the biggest advance has been that the general public has really figured out that it exists, and that people have come to see this not as just a “fringy” thing but as part of what good medical care is.

In 1992, the palliative physician coverage for the home hospice program in the City of Vancouver was basically just ten hours a week. Now we have 24/7 coverage that the home care nurses and the general practitioners can have access to. We also have more palliative care units, more people on consult services, and more people in home care. I do have to commend the government for spending some more dollars on staffing and resources for palliative care.

Even from the symptom-management standpoint, there’ve been some very good advances in terms of dealing with pain issues, nau-

sea and other things. So we’re always getting better at what we do.

As well, more family doctors are learning about it. I think all the medical schools across Canada have some teaching on palliative care, so that student doctors are learning about pain management. So there’s much greater awareness within the profession and within the general public who used to say that “nothing can be done” for the terminally ill. We have made just some really big advances.

IMFC: Is British Columbia a leader in this area or is there a national awareness of the need for palliative care?

MC: I think there is a national awareness. But you can always use more. As the population ages, we’re going to need to increase the funding and put some other things in place.

IMFC: So what areas are there within palliative care that still need improvement?

MC: The place where there’s been a problem is support issues. We’re not able to get as much funding for homemaking and some of those other social services which are incredibly important if you’re going to keep people at home. Three days a week, two hours a day is really not enough support for somebody who’s completely bed-ridden.

And although there’s a lot of research being done, we’re still lacking some decent predictors, so that patients and families can have some kind of time-frame as to when death will occur – are we talking weeks or are we talking days? It’s quite difficult to actually

figure this out. You don't absolutely have to know, but it's helpful in terms of trying to pace yourself.

It would also be good for different community groups to have some education in how the average person can help somebody or help a family who is experiencing this kind of tragedy in their lives, and in return receive the blessing and the richness that one gets from being involved in something like this.

It's a real privilege, when someone is at a place where his or her body is not all that beautiful anymore and they don't have anything to contribute from a worldly standard, to be able to say, "It's not your job to feel significant; it's our job to impart that significance to you." There is something very healing for the person who receives that and also for the person who gives that.

IMFC: Given all the benefits that can come from palliative care, it must be a real concern to you to hear warnings that the next big social debate in Canada is going to be euthanasia or assisted suicide.

MC: We're already there. There are some people who have ideological things about euthanasia and really just want it. But I think for the vast number of people who are in favour of assisted suicide or euthanasia, it's this whole idea of control – the idea that autonomy trumps everything else and everything should be based on the highest amount of control I can have over my life.

But all you have to do is look at Holland to see where things go when you open this can of worms. To say that we're going to put in safeguards is just ludicrous, because the laws there don't protect the patients, they protect the doctors and the health workers.

Do we really want the people who bring you Revenue Canada and Canada Post to decide whether you live or die—with no chance of appeal? I mean, is that really what you want?

IMFC: But realistically, is it going to be possible to keep assisted suicide and euthanasia illegal in Canada?

MC: It's going to be tough. People who said this was coming when we were losing the abortion debate were quite prophetic, because if you've got somebody in the womb who is perfectly normal, you've at least got a citizen who's going to be able to contribute to society. There really isn't that kind of an argument you can make with somebody who's already dying.

But in some of the studies done on what people fear at the end of life and why they would ask for ending their life early, physical pain is way down the list. Their big fears are fear of being a burden and fear of being abandoned. As a community, we need to realize that it may be a burden for one person or family to give care. But it doesn't have to be a burden if all of us get involved and help out. It's not impossible.

IMFC: All in all, do you feel that this message of palliative care being the better alternative is resonating with our political leaders and Canadians in general?

MC: I think there is some hope that that is the case. There was an independent poll done a number of years ago commissioned by the Euthanasia Prevention Coalition, which showed that the overwhelming majority of people in British Columbia supported improved palliative care as the first resort.

In the United States, where they have put these issues on the ballot, the longer the campaign goes on and the more information that goes out, the less support there is for physician-assisted suicide and euthanasia. People come to an understanding that it's not as simple as they thought it was.

There's a quotation I really like that says, "Euthanasia kills the patient twice." The first time is when you look at the patient's life and say, "Yeah, you're right. Your life really isn't worth living." And the second time is when you actually do it. But when people are asking for this, oftentimes what they're saying is, "It doesn't feel to me like my life is worth living. What do you think?" And that's where it's up to us to be saying, "Yes, it is worth living. Even if this is hard for us as a community, this is an important thing for us to do, to care for you."

We need to be saying, "Look, there's more to life than just having control of when you knock yourself off," and we need to be talking about the importance of protecting the weaker ones among us. 

