



A good death

Terry Pratchett died at home on 12 March 2015 from complications of Alzheimer's disease. Despite much discussion about assisted dying, his death was natural. He was 66 years old – young to die, very different from the more common, lingering death from the various forms of dementia. I could say he was lucky.

Diana Rigg was not so lucky. She died on 10 September 2020, at the age of 82, from complications of cancer. I grew up with Diana Rigg as one of my heroines, first in *The Avengers* and then, equally compelling, in *Game of Thrones*. She spoke out strongly about assisted dying, vividly described by her daughter, Rachel Stirling, in *The Guardian*.^[1] 'Nobody speaks about this', she [Rigg] said. 'They don't talk about how awful, how truly awful the details of this condition are, and the ignominy that is attached to it.' Esther Rantzen, another strong, inspirational woman, has joined Dignitas, the assisted dying clinic in Switzerland. In December 2023, she told the BBC^[2] that she was undergoing a 'miracle' treatment for stage 4 lung cancer. If it doesn't work, 'I might buzz off to Zurich'.

These people are celebrities. And Dignitas is not an option open to many – you have to have the means to get there. And, in Esther Rantzen's case, because of English law, if her family went with her, they will be open to prosecution for 'assisting' her death. I am sure many of you reading this have your own experiences of patients and family with terminal, or even chronically disabling, illness.

This issue of *SAMJ* carries an editorial from some very clear-thinking, compassionate South Africans,^[3] including people who have taught and mentored me for many years. I am in full agreement with the contents. Like most people who eventually come round to the position that assisted dying should be a choice, I have given this serious thought. I spent some of my short time in clinical practice caring for cancer patients, and am fully behind the concept of palliative care. I also know from experience that good palliative care can, in many cases, allow someone a dignified and peaceful death, at home, with their loved ones around them. But, as the authors of

the article point out, there is often little between the best practice of palliative care and assisted dying. There are times when all that will alleviate suffering is terminal sedation.

Palliative care should and must remain best practice in the management of the terminally ill, whether from cancer or any other terminal disease. But if, as the medical profession, we can become less prescriptive towards our patients, who, after all, do know themselves best, we need also to be the voice that can speak with authority to our lawmakers and courts. We are all aware of the challenges that South Africa faces in the delivery of high-quality, equitable healthcare to those who do not have the means to access private healthcare. But in starting to consider the rights of patients who wish to determine how they die when faced with severe and life-threatening illness, we may also start to compel our authorities to consider how undignified lack of appropriate health facilities is for some of the most vulnerable in our society. This debate is about more than those who are terminally ill. It is about how we, as a profession, and as a community, consider those living with any illness. Illness is, by its very nature, undignified. Let's give our patients a voice.



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1. Rock L. 'Nobody speaks about this': Diana Rigg made impassioned plea for assisted dying law before death. <https://www.theguardian.com/stage/2023/dec/09/diana-rigg-plea-assisted-dying> (accessed 22 January 2024).
2. Howard J. Esther Rantzen says she's joined assisted dying clinic. <https://www.bbc.com/news/uk-67756506#> (accessed 22 January 2024).
3. Van Niekerk JP, Cluver P, Hertzog E, et al. Decriminalising and legalising medical assistance in dying. *S Afr Med J* 2024;114(2):e1857. <https://doi.org/10.7196/SAMJ.2024.v114i2.1857>