



Death with Dignity: The Case for Legalizing Physician Assisted Dying and Euthanasia

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Death with Dignity makes a compelling and informative argument for self-administered, physician-prescribed medical euthanasia. Scholars looking for factual information will find a thorough, impeccably referenced discussion of the topic, and activists will find a great source for sound bites. But it is the eyes-wide-open look at how life ends that makes it required reading for anyone who plans to die in the United States.

Straight away, Orfali tells us that the painless “Hollywood style” passing we imagine isn’t in the cards for eighty percent of us. The diseases that formerly killed us quickly have been conquered. Most of us will die by agonizing degrees in a “sterilized torture chamber.” We can expect harrowing life-saving procedures, ventilators, feeding tubes, and pain too severe to be mitigated. As multiple organs begin to fail, modern medicine supplies the equipment and technology to keep almost any organ functioning. Before long, the dying person is engulfed in tubes and slowly dying in unbearable pain. “Among hospice patients who were asked about their pain level one week before death, 5% to 35% rated their pain as severe or unbearable... . Of course, hospice is much better than the ICU alternative where 50% die in pain.”

At present, some physicians provide “palliative care” in which the fortunate patient receives sufficient pain medication to be rendered unconscious. Death comes slowly either from the progressing disease, pneumonia, or starvation. This method is legal only because its intent is not death and because it is the patient’s right to refuse treatment. Those sufficiently motivated to resort to illegal means may also be able to acquire unregulated Nembutal on the black market for upwards of \$10,000 a dose.

Having made the case for euthanasia*, *Death with Dignity** looks at the impediments to its legalization: “50% to 71% of U.S. citizens support euthanasia. But the 20% opposed are strongly-motivated, well-financed and highly-organized.” Existing right-to-die laws in Oregon and the Netherlands are compared to the status quo and to each other. And readers are warned that doing nothing is not a viable option. A “peaceful pill” made from legal ingredients is in development. Orfali points out that unlike physician-prescribed Nembutal, there would be no safeguards and it would be readily available to anyone who might commit suicide on impulse. He is more sanguine about a two-phase pill: The first is ingested to enable the process; the second, taken a day later, provides a built-in waiting period.

Although Orfali is open about his bias in favor of physician-prescribed euthanasia, he remains thorough and evenhanded to the point of setting down every argument against euthanasia. He counters these arguments with facts and reassurance rather than rancor. He is always respectful. He never resorts to the half-truths often found in debates about hot button issues.

Because *Death with Dignity* is comprehensive, objective, and well documented, it belongs on every public library shelf. Because it avoids hyperbole, it is essential reading for those on either side of the issue. Because it is honest and compassionate, it is a must read for anyone who wants to understand this challenging issue.

MARILYN BERRY (July 28, 2011)

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