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Death and killing: the quality and value of life



Box 13.2 Case studies: 'Locked-in syndrome'

In 1995 at the age of 43 Jean-Dominique Bauby, editor of the French magazine *Elle*, had a massive stroke. Shortly afterwards he was diagnosed with 'locked-in syndrome' (*coma vigilante*).⁵

Bauby's mind was functioning normally, yet the only part of his body over which he had intentional control was his eyes.

By means of an alphabet board and blinking Bauby managed to write the book on which the film *The Diving Bell and the Butterfly*⁶ was based.

Bauby died of pneumonia 2 days after the publication of his book.⁷



Box 13.4 Case study: Anthony Bland

On 15 April 1989 Tony Bland, aged 17, went to watch his team play in the FA Cup semi-final. The match was played in Sheffield at the Hillsborough Football Stadium. When the match started thousands of fans had not managed to get to their seats. The pushing started.

Hundreds of fans were crushed against the barrier erected to stop them getting into the ground. Ninety-five people died.¹²

Tony Bland didn't die. But his lungs were crushed, preventing oxygen from reaching his brain. As he was carried from the ground his lower brain was still alive and well. But his higher brain was dead.

Until 1993, Tony Bland lay in hospital being fed through a tube that went down his throat into his stomach. He dribbled and vomited during this process, and he reacted also to the changing of the catheter which removed his urine. His limbs became contorted and his arms rigidly flexed across his chest.

To this, and to the agonies of his family, Tony Bland was oblivious. His consciousness had been irreversibly lost on that April day 4 years earlier.¹³



Box 13.8 Case study: Diane Pretty

In 1999 42-year-old Diane Pretty was diagnosed with motor neurone disease (MND). This incurable neuro-degenerative disease causes weakness and wasting of muscles, resulting in loss of mobility in limbs, and difficulties in speech, swallowing and breathing.

Fearful of death by choking, common in MND, Pretty went to the House of Lords to argue that the law violated her right to commit suicide at the time of her own choosing with the help of Brian, her husband of 23 years.²⁰

The House of Lords rejected her argument, claiming that human rights legislation is designed to protect life, not to end it. This ruling was later upheld by the European Court of Rights.

Two days after her case was rejected in Europe, Pretty died.²¹



Box 13.9 Case study: Daniel James

At 23, Daniel James became the youngest Briton to die with the help of Dignitas. Daniel chose to die because he could not come to terms with needing 24-hour care after becoming a tetraplegic when his spine was dislocated in a rugby accident.

Before the accident Daniel had been a fit young man who played rugby for his university and for England Under 16s.

Daniel's parents, Mark and Julie, had accompanied him to Switzerland and stayed with him as he died. On their return to the UK they discovered someone had reported them to the police for assisting a suicide.²⁴

The James' case was highly controversial. It was argued that Daniel had not had enough time to come to terms with his condition before he died, and that he needed help, not to die, but to live with his disability.

A spokesman for the Director of Public Prosecutions eventually said it had been decided it was not in the public interest to prosecute Daniel's parents despite evidence they had contravened the law.²⁵



Box 13.12 Case study: Rom Houben

After a car crash aged 20 Rom Houben spent 23 years in what doctors believed to be a permanent vegetative state (PVS).³³ In 2008 a brain tomography scan demonstrated that his cerebrum was functioning normally. Shortly afterwards it was discovered that he was able intentionally make miniscule movements of his toe and right forefinger.

Three years later, after intensive therapy, Houben uses a computer to communicate: 'At last', writes Houben 'my views can be heard and my feelings expressed'.³⁴

In 1996 research involving 40 patients suggested that 43% of those diagnosed with PVS in fact had locked-in syndrome.³⁵ A decade later it is still thought that 40% of PVS patients are being misdiagnosed.³⁶



Box 13.20 Case study

In 2005 Donald Mawditt, aged 72, called 999. When help arrived it was too late. Mawditt told paramedics that he had given Maureen his 'soul mate' and wife of 50 years, diazepam to tranquilise her, then strangled her with a carrier bag and 'held it there for 5 minutes' after she had stopped breathing.

Maureen, a grandmother of four, was 70. She was terminally ill with a failing heart and liver. She was doubly incontinent, incoherent, had spasms and lapsed in and out of consciousness. She had begged her husband to strangle her, a plea that had been heard by their doctor.

As Mawditt was taken from his house by police, he kissed his wife's body and said 'goodbye, my darling'. Mawditt was charged with murder, but pleaded guilty to manslaughter.

Judge Crowther sentenced Mawditt to a 3 year conditional discharge, saying:

'You have caused the death of your wife at a time when her life had become intolerable. It is sometimes described as mercy killing. Our law does not recognise that as such and our social ethos is such that the taking of a life can never be condoned. Even in such cases punishment is required to mark the gravity of the matter and to enable the perpetrator to pay a proper penalty for the act. You are plainly no risk to society, so I come to the conclusion that the proper disposal is one that at first sight is utterly exceptional but to which I am driven by logic: you will never be punished for this act save insofar as your suffering has been punishment in itself.'

Mr Mawditt's daughter Karen said, 'If dad had chosen to lie to the police he would never had been charged with the killing. I admire my dad for what he did.'⁴⁹
