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**Sent:** Friday, 14 March 2008 3:17 PM  
**To:** Legal and Constitutional, Committee (SEN)  
**Subject:** [REDACTED] Euthanasia

Dear Mr. Hallahan

I would like you to consider carefully the following article and consider overturning the Andrews Euthanasia laws Act.

Too Long and Nasty?

Guy Brown (Head of a Cambridge University research group working on cell death in the brain, the heart and in cancer. His book *The Living End: The Future of Death, Ageing and Mortality*, is published by Palgrave Macmillan Mail and Guardian January 08 2008

" Life was once described as "nasty, brutish and short", but that would be a better description of death through most of history. People died as children or in their prime, so ageing and the aged were rare. The most common forms of death were by infection, violence, accident or childbirth. Death was rapid: people were fully alive one day, and fully dead the next.

In the 20th century, the average lifespan in the world doubled, and people in developed countries now tend to die old and slowly from degenerative diseases brought on by ageing. Until recently, it was thought that humans had a maximum lifespan they would hit as death from disease was eliminated. Many limits have been suggested, but each has been shattered by experience.

Average lifespan has been increasing at the staggering rate of 2.2 years per decade - or five hours per day - for the past 100 years. And there is no sign of this slowing down, even in the countries of highest life expectancy. Particularly in wealthy countries, it is no longer useful to categorise everyone over the age of 60 as 'old' there are the 'old' (60-80 years) the "very old" (80-100 years) and the "extremely old" (more than 100). Extreme age is no longer rare: in the United Kingdom for instance, there are now an astounding 10,000 people more than 100 years of age, and the government actuary's department predicts that there will be 250,000 by 2051 and 500,000 by 2071. We are voyaging into a new realm of human life that has hardly existed before, and about which we know very little. But because we have failed to delay ageing, longer lives have not been matched by an extension of healthy life.

The additional years are mostly spent with disability, disease and dementia. Between 1991 and 2001, life expectancy at birth in the UK increased by 2.2 years, but healthy life expectancy increased by only 0,6 years, according to the office for national statistics. The linear increase in lifespan is colliding with a

roughly exponential increase in degenerative disease with age. The result is a massive expansion of degenerative disease at the end of life. There are currently 700,000 people with dementia in the UK, and this is predicted to rise to 1,75 million by 2051.

Carol Brayne and colleagues at the Institute of Public Health in Cambridge recently completed a UK survey of health in the year before death. She found that 30% of people dying in the UK today have dementia and 45% had a moderate to severe cognitive deficit. And of those dying at 95 years or older, 58% had dementia and 80% had a moderate to severe cognitive deficit. Is life really worth living in these circumstances? Most people in the developed world die from degenerative illnesses such as cancer and heart disease. These diseases are caused by age, and dying from them is slow and is becoming slower, so that the processes of death and ageing are merging. Death is currently preceded by an average of 10 years of chronic ill health in the UK and this figure is rising.

Extreme age is accompanied by loss of memory, loss of mobility, social disengagement, social isolation and often depression. In our anxiety to defeat acute forms of death, we have exposed ourselves to chronic forms of death, as well as extreme human ageing. Huge resources have been devoted to preventing infectious diseases, accidents, strokes and heart attacks - possibly the ideal way to die which inevitably condemns people to die by more protracted means. Death has been banished to hospitals, the worst possible place to end life. Medics are devoted to keeping people alive at any cost, rather than helping people die. Many acute forms of death have been converted to chronic death or disability.

Heart attacks have become heart failure; stroke has become vascular dementia; diabetes, Aids and even some cancers have been converted from acute causes of death to chronic disabilities. The economics of drug development have contributed to this, as it is vastly more profitable to make a drug that turns an acute form of death into a chronic disease (the patient becomes a drug consumer for life) than to make a drug that cures a disease (the consumer is lost) Making the end of life worth living will be one of the greatest challenges of the 21st century. Research funding needs to be redirected here, rather than aimed simply at preventing death.

We have to develop alternative routes to drug development for therapies that don't make economic sense for the pharmaceutical and biotech industries to pursue. Hospices should be as ubiquitous and well funded as maternity hospitals. The aged should be able to choose how they die. If society really cared about the last 10 years of life as much as the first 10, we would have a real chance of preventing the end of life become a living death"

I hope you take the time to read this well researched article and give it some consideration

Yours faithfully

Patti Harris

