A Gentle Way to Die

BY KATIE LETCHER LYLE

The stripes of gold, khaki and black melted into each other until I blinked back the tears. If we did nothing, Gov might last another painful month. Everything medical that could be done had been done. So I made the decision, recalling the day we brought the kitten to our then-new house. For 16 years we enjoyed Gov's beautiful presence in our laps, in sun squares, by fires, on windowsills where he conversed with bluejays, on the kitchen counter kibitzing for a scrap or following raptly the stuffing of a turkey. He poked curiously about each new baby as we brought it home. "Govie Lovie" our daughter, younger than he by half, called him.

But he grew old. With cancer of his spine, maybe elsewhere, he was no longer interested in food and his bladder and bowels were embarrassingly out of his control. Sadly I watched the doctor shave his thin forearm, stroked his soft, vibrating side as the needle was prepared. Gov didn't even flinch when it slid in. About five seconds, the gold eyes glazed, then half-closed and the purr stopped. No pain.

I think about Gov sometimes when I visit a beloved, ancient friend, her mind absolutely gone for six years, her body ticking on relentlessly, her round-the-clock nurses dressing her like a doll. Fritchie never speaks, reacts hardly at all, doesn't open her eyes. But she must exist in some unimaginable hell, for tears often squeeze out between her eyelids. I wish her the swift, merciful death we gave our pet, but probably she will go on until recurring cancer kills her slowly, cruelly.

Now here is the difficult case. Today I attended a meeting in another state about a man whom I represent. Consider Henry, 40, six feet tall, strong, affectionate, loves action movies, his IQ in the profoundly retarded range. He used to pick up trash at a parking lot, until the manager's patience wore too thin. He can unload restaurant dishes from tray to sink—but only with constant supervision and encouragement.

Henry was abandoned to the state in infancy by parents who are affluent professionals whom I don't know and whose other children don't know about Henry. Shunted from place to place, Henry lives now in a 10-man group home where, for months, he functioned adequately.

But recently things have gone badly. He has, after countless last chances, been fired. Consistency is extremely important to Henry, but new employees don't understand that, and there's rapid turnover in the restaurant business. In the day-care program where he is now, Henry's unpredictable outbursts have injured staff members and another client, and terrified clients and staff.

At home, he has destroyed much of the furniture, and intimidated every other resident with his towering tantrums. The other clients spend their free time in their rooms while Henry watches TV alone. His strength overpowers the home's help and during "time out," he destroys everything around him. Outings, parties, ball games are rewards for good behavior. So recently, Henry has been excluded from the good times. He's encouraged to hit pillows with Styrofoam bats. But when he's mad, he wants whomever he's mad at. Extensive medical and neurological tests reveal no health problems, no seizures. Endless psychological investigations suggest what's already been tried: behavior modification, Tranxene.

He has been told often that he cannot stay in his home if these outbursts continue—but does he understand? What is home if not where you live? The destructive behavior is escalating, becoming more violent, occurring more often, 13 major episodes last month. Staff members are afraid. One's already resigned.

Closing doors: At our meeting to consider what to do next, Henry "writes" on a yellow tablet, a self-calming technique he has learned, and as usual seems almost normal, looking and nodding at people who are speaking. On his tablet are line after line of scribble. He interrupts to whine that it's cold, but it's not, and he has on a heavy sweater. He interrupts continually, and at one point simply begins to cry, loudly, his face and eyes red, real tears.

He's told he will have to leave if he doesn't stop howling. But the social workers insist on his presence, because of his "client's rights," and because he "needs to be involved as much as possible." The wailing ebbs, but now Henry babbles about his birthday party. The facility where he lived before cannot take him back; his place has been filled. The house where he's living has a long waiting list of eligible clients.

The next step, if he continues to make life unlivable for other clients and staff, is removal, probably to an overcrowded state institution facing brutal budget cuts. Every door is closing; there seems nowhere else for him to go.

I know the arguments about the abuses of kindly death, and I know mental incompetents were the Nazis' first victims. The money is certainly not the point; I believe strongly that one can judge any civilization by how decently it treats its sick, its elderly, its disabled. But money is a reality, and adding up all the institutional, medical and social services, Henry has already cost American taxpayers roughly $1.5 million. But my point is, what does *life* hold for Henry now? I'll tell you: either a drugged hell of an existence behind bars; or, more probably, deinstitutionalization, street life, an agonizing death in a filthy alley. It happens to others, everywhere, every day.

I don't like the conclusion I'm forced to. But is a gentle death for a human being always the worst answer? Laws can be implemented to prevent abuses. It seems patently untrue to me that *any life* is always preferable to *no life*. I wish, more than I can say, that there were some place on this earth where Henry could live happily and freely and be loved and understood. But since there isn't, I find it disgraceful, as well as ironic, that we cannot bring ourselves to treat our fellow humans as humanely as we treat our pets.

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