Week 10

**Model #1**

I don’t think it is good news that human life expectancy is prolonged uncontrolledly. After reading the article ‘ Why I hope to die at 75,’ I I was impressed by his perspective and attitude on limited lifespan. I totally understood his view that ‘ living too long is also a loss.’ For most older adults, having dependent later life with many chronic diseases, disability, and mental illness, is the most painful thing is that it is worse than death. They may not be a burden to their families, they want to live their later life with dignity. As their families, the most important thing, is to ensure dignity in the care of older people and give them more respect and understand, especially on end of life decisions. Besides, from beginning of the short film, we can see that the daughter remembered the most happy time with her mother is when she had diagnosed as Alzheimer’s. After her mother’s illness, her mother and her live a painful life with full of anxious. Obviously, it is not a “good death.”

With the development of technology and advancements achieved in medical field, patient face more and more options for their treatments. But these options combine benefits with risks, resulting in different feelings about illness, suffering, and the conditions of death. In today’s society, more attention should be paid to patients themselves, instead of their diseases. As Gillick said, under patient-centered program, physicians gradually place a greater weight on the wishes of dying patients when making decisions about their care and needs (Gillick, 2004). However, it is common that physicians and patients’ families play significant role in the process of making End-of-life (EOL) decisions, such as physician-assisted suicide (PAS) and family-based decision making. But on EOL issues, physicians should perform as a guide, but not decision-maker because they cannot feel what patients feel; and good recommendations for patients’ families are as a spiritual counselor to provide emotional and spiritual support to their loved ones. Therefore, terminal patients’ desire should be respected and encouraged in EOL decision making, otherwise it is hard to realize the goal of “quality death.” The term “quality death” means patients with advanced illness experience death with dignity.

In regard to the right of dying patients, we must respect their own desire on EOL decision, and the role of healthcare professionals is to provide care and give patients enough information and comfort to them. So, a doctor has no right to give a patient sufficient medication to control his pain if that may hasten death. Specially, for some patients who have mental disorders, they cannot correctly judge their own preferences (Carr, Moorman & Boerner, 2013). In that case, their families would play essential role in EOL care. But it sounds cruel for both patients and their families, due to the restriction of the scientific understanding in this field, we have no appropriate way to know what mental illness patients real desires. Thus, improvements of healthcare in psychological aspect are also obtained much attention from the whole society, which will be the key intervention to EOL decisions for terminal patients, especially for those who cannot recognize their last wishes.

Therefore, we cannot magnify anyone’s role in EOL decision making except patients’. Although we are facing many obstacles on EOL issues, we must hold the core principle, respecting patients’ desires, and make an effort to seek ways to help patients know their real needs.

**Model #2**

As Carr et al have argued that the relationships in a certain aging family would be an important factor influencing the elders’ end-of-life decision in some aspects(Carr et al, 2013), it will be considered as a element in my good death decision. Moreover, there are other factors which influence my good death decision, such as family relationships, physiological conditions, etc.

In terms of my good death decision, I would rather choose to face self-decide death if incurable diseases eat up me day by day that I could even not move a finger. Such bad physiological conditions and forced-sedentary life would lead me to make up my mind to commit suicide/ assisted suicide. Besides, negative family relationships would also be the trigger to impulse my death decision. If my family members do not take the filial piety obligation to take care of me or provide me with family warmth even when I am in the death bed, I will choose death eventually because there is nothing I can take a little glance at. And in my opinion, a good death is a personal choice which has not any relations with other people(i.e. Family member, except spouse). After talking with my spouse(if she is still alive) and arranging the social support and care issues for her, I could assure that she is able to live without me(only if I am eaten up by incurable diseases), and then I will plan my good death. And my good death is the cremation with many flowers. After my body-cremation, my ashes will be put into a ceramic jar and transported to the big lake in my hometown. And then, my ashes will be poured out into the lake where I used to live around at. This death is somewhat familiar with Chinese which has been a tradition back to ancient China.

In my demise, I would like my family members to take care of me in my death bed before my death decision is made. In terms of my funeral, I hope that all of my family members could attend and pray for me to walk away peacefully when I will be in the other side of this world(death side).

In addition, like I has said before, the end of life decision is somewhat a individual one which can be made by dying people themselves. In terms of natural rights, death could be one of them which should be respected. What is more, death with dignity or assisted death(Kuo, 2015) would save more resources for other people who want survive in some aspects, though this idea sounds utilitarianism.

Kuo, K. (Sep, 2015). Assisted Suicide and Real Death with Dignity. Christianity Today. http://www.christianitytoday.com/ct/2015/september/assisted-suicide-and-real-death-with-dignity.html