

Dr. Maggie Little, a highly respected expert in the field of bioethics at the Kennedy Institute of Ethics at Georgetown University, Gave a public lecture on Bioethics at the End of Life in December of 2014. Dr. Little gave her ethical point of view from many years of research and collaboration with other doctors and patients.

Little started her lecture of by asking the simple question “What is considered a good death?” She proceeds to explain that a good death is dying without pain or fear. She also informs us that 60 percent of all patients die in a hospital’s and not at home. Most patients, including me, want to die a peaceful death with no pain. I believe we can all agree that the perfect peaceful death is dying in our sleep. We can only pray for that but we never know how it will end.

She proceeds to tell us about her favorite research study by a bioethics doctor by the name of Dan Sulmasy. Dr. Sulmasy, with the consent of patient’s and the hospitals, put camcorders at eye level of a patients that were dying in hospital beds to see what it was going on from the dying patients perspective. When Sulmasy reviewed the recordings, he said it was one of the saddest things he had experienced in his life. He stated that 90 percent of the time the patients were alone. The study showed that being alone was not due to the families or the care. I think we all know that even when we have a loved one in a hospital, we cannot be at their bed side 24/7. The hospital has other patients and we still need to conduct our lives.

Dr. Little then explains that when we know that death is evident we need someone to help us with our care and what is to be expected as we get closer to death. This is why there are hospice workers. These people specialize in patients that are near the end of life and how to care for them.

She also gave an example of a 13 year old patient named Jahi Mcmath from Oakland, California. Jahi was having routine tonsillectomy surgery when she went into cardiac arrest on the operating table. She was pronounced brain dead at that point but still alive. This asks us the question, "Should there be assisted deaths?" From my perspective as a healthcare worker, I believe in assisted deaths. If you are terminally ill, with no chance of recovery, it should be your choice whether you wish to continue to suffer or die with dignity. Just a side note, I also believe in medical marijuana. I have worked with suffering cancer patients and from experience; I can say the medical marijuana did ease their pain.

What I have learned from this very informative lecture, and that I would like to pass on to our laboratory department, is that there is a fine line with the healthcare institution and the patient. We will never know what death will be like because all of us will likely die in different manners. We can, however, make the patients last days as pleasant as possible. We, as a healthcare organization, have to always look at our patient's from their perspective. After listening to Dr. Little's examples, it's also making me take a bigger stand to legalize assisted deaths throughout the country. Is there life after death? We will never know. But as we get closer to death, we should be able to die the way we want to. We should at least have that right.

## References

Introduction to Bioethics: Bioethics at the End of Life YouTube <https://www.youtube.com/watch?v=97M5Sxhiv7E&list=PL9Vn7DAzOnmjvMkB7coxPfcVNt7Hhu0Rs&index=5>