

Wogan, Bowie and the art of the good death

Our obsession with the right to die has made us forget the greater importance of how to die, surrounded by loved ones

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David Bowie and Terry Wogan had little in common during their lives but both knew how to die. It's surprising how beautifully they planned their deaths. They knew that their exits mattered, not just for friends and family, but for their fans. Neither made a public fuss about their illnesses, preferring to suffer privately. They didn't lavish money or dwell morbidly on their final moments but they bowed out with grace and dignity. Bowie's wife Iman explained: "Sometimes you never know the true value of a moment until it becomes a memory."

The debate around dying has centred so much on the right to die that we have forgotten the greater importance of how to die. Bowie not only left an album, *Blackstar*, for comfort and reflection but ensured that even his son's former nanny was remembered in his will. Wogan worried more about his wife's frail health than his own impending death,

according to friends. Wogan asked a priest, Father Brian D'Arcy, to say a few prayers at his bedside but told everyone else he was simply tired.

In Britain people struggle to die. Most plan for a pension and perhaps even a place in a care home but ignore their final hours. Four fifths of people say that they never discuss the subject, while only six per cent of those diagnosed with a terminal illness say it has prompted them to talk about dying. Half of all couples have never asked their partner about their end-of-life wishes and less than a third of adults have any kind of will, according to the charity Dying Matters.

Politicians argue over inheritance

Half of couples have never asked about their partner's final wishes

tax, local authorities push up the bills for burials, families are left to worry about the bureaucracy of death, doctors focus on pushing the boundaries of life. But few discuss the event itself.

Dame Julie Mellor, the parliamentary and health service ombudsman, is one. Last year she described the care given to the dying by the NHS in England as

"appalling" after receiving horrendous case studies of patients who had suffered unnecessarily in their final hours with little human comfort. In one case, junior doctors tried 14 times to re-insert a drip, causing extreme discomfort because they didn't realise the patient was dying and his veins were actually shutting down.

It is easy to see why people are terrified of dwelling on the subject and why some even want to be able to end their lives prematurely. When I interviewed the evolutionary biologist Richard Dawkins last week he said that it was outrageous that dogs are allowed to be put out of their misery by an injection but humans are not.

But assisted suicide is not a simple, easy humane answer. When Simon Binner was diagnosed with an aggressive form of motor neurone disease a year ago, he swiftly decided he wanted to go to an assisted suicide clinic, the Eternal Spirit centre in Basel, Switzerland, and end his life on his birthday. But he was stunned by the reaction of his family. "I thought they'd be indifferent to the timing of my demise," he said in a BBC documentary, *How to die: Simon's Choice*, to be shown next week. "I was so wrong." After his death, his wife was left feeling guilty,

explaining: "I wish I hadn't snapped at him, maybe he wouldn't have wanted to go," rather than being able to grieve naturally.

Switzerland can't be the answer. Only 29 British people thought so in 2012, making the final journey there to die. When asked to consider their final wishes, more than two thirds of people say they would prefer to die at home, surrounded by their families with time to say goodbye

Most Spaniards die at home; in Britain it's a mere 17 per cent

and with some pain relief. Most of the rest would like to end their days in a hospice. Just three per cent want to die in hospital — yet around 50 per cent do.

In Spain the majority now pass away in their own beds at home, but in Britain it is only 17 per cent. It seems the state prefers to monitor the dying on a ward. The Liverpool care pathway, which involved the withdrawal of treatment for patients who were deemed to be near death, was ended after it became an excuse in extreme cases for careless nursing. Now patients are supposed to have an individual care plan, but few do because relatives and GPs are often

too squeamish to mention it. More than a quarter of GPs won't discuss death with their patients. But the consequences of having no plan can devastate the family too, who are left to organise the funeral and all the practicalities while they are struggling to cope with grief. For a few it's cathartic, but for many it's overwhelming.

Dying in hospital is not a question of money — a Spanish study showed that a shift towards home-based palliative care can yield savings of more than 60 per cent — nor of monitoring pain. Hospices are far more effective at helping people through their final hours. Care homes for the elderly could also be helped to make relatives more welcome and the dying more comfortable if families feel squeamish about a dead body in their house.

Few sick people decide to take their own lives; most die of natural causes with plenty of time to say goodbye. Everyone should be able to choose, wherever possible, how to end their lives and how to mark their deaths. David Bowie wanted his ashes scattered in Bali after a Buddhist ritual. Terry Wogan will have a Catholic send-off and a traditional Irish wake. We may not be masters of our fate but we can write the script for our deaths.