

Grant McGuire's Story

By **Amanda Breeden** • Final Options Illinois • www.finaloptionsillinois.org • January 2018
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Hi, my name is Amanda Breeden; I am a student at Illinois Wesleyan University and I want to tell my family's aid-in-dying story.

National discourse surrounding physician-assisted death is wrought with conflict, to say the least. In conversations about the topic, it feels as if I've seen it all. I have witnessed strong displays of emotion, constant entertainment of misinformation, and even the formulation of doomsday-esque conspiracy theories. My support for aid-in-dying has been met with everything from worries about possible abuse of the medical profession, to accusations of callousness, to condemnations to hell. Lawmakers have accused me of politicizing the issue.

But I maintain that I am humanizing it, because I have watched someone I love die of terminal cancer.

If you have too, I empathize with you. If you haven't, I sincerely hope you never will. Either way, sharing stories is the best way to help people connect with one another, and I know no other way to sufficiently argue the importance of aid-in-dying than by sharing an anecdote.

I always saw my Grandpa McGuire as the epitome of everything wonderful in the world. His spontaneity and sense of adventure betrayed a quiet disposition: when I was only a toddler he was already hiking me through the creek behind his house and teaching me to kayak. As a rather quiet, cautious, and anxious child myself, I had a tendency to shy away from things that were foreign to me, like camping in the woods and swimming in bodies of water where I couldn't see the bottom.

But as we spent time together, Grandpa fostered in me a deep love and curiosity for the world that has only continued to grow. As I got older we embarked on more daunting, artistic, and otherwise quirky excursions: together, we hiked up Mount Hood and kayaked across North Carolina's Stump Sound. We went yurting, indoor-skydiving, zip-lining, snorkeling and laser-tagging. We travelled to Costa Rica, Black Butte, and Crater Lake. He obsessed with me over World War II-era buildings; built igloos from the rare snow that came to his home in Tigard, Oregon; fashioned musical instruments out of household objects with my sister; ran marathons; and was the "Boss Hawg" of his Hood-to-Coast running team. Grandpa was a man of motion and exploration; his adventures were plentiful and diverse, and I was thankful he shared many of them with me.

For as long as I knew him, he was one of the most cultured people I'd ever met: along with visiting all fifty American states, he had travelled to over forty countries-- not just as a tourist, but as a backpacker, a discoverer, an intellectual sponge, a global citizen. He served as a court-appointed special advocate for children, brought hot meals to Portland's needy and elderly, taught English as a second language, gave loans to entrepreneurs in third-world countries, and took Qur'an lessons just for the sake of understanding more about a different belief system and culture. Many of these experiences he shared with me in some way or another; he would practice Spanish with me, share his Kiva password so we could make microloans together, and cart me around Portland to meet his Meals on Wheels recipients. My mom always said Grandpa could be talking to the garbage man or the CEO of a company, and an intellectually stimulating, mutually-engaged conversation would ensue regardless. I believe it; I witnessed it. He was the embodiment of selflessness, a man who lived to help and understand his fellow human beings.

In March 2015, Grandpa was diagnosed with pancreatic cancer. It was not caught in time to be addressed with surgery, because it had metastasized to his lungs, his liver, and his bloodstream. He couldn't run anymore. He wasn't able to attend his kids' or grandkids' events without becoming exhausted halfway through. If he tried to get a full eight hours of sleep each

night, he'd wake up every few minutes in excruciating pain. If he was able to keep his food down, he had to take expensive pills to help his body digest it. His pain medication was so strong that it became increasingly difficult for him to think straight. The chemo treatments left him feeling sicker and weaker than the cancer did; they caused him to lose a terrifying amount of weight in the span of a few weeks. He shouldered the risks and side effects of various clinical trials, because we all hoped something would somehow cure him.

But of course, in the context of science as it currently stood, there came a point where doctors told him that they had tried everything. By this point, he was bald, pale, nauseous, and exhausted.

If he'd lived in Illinois, all the doctors could have done was hop him up on pain medication as he wasted away in an altered state of mind. But because he lived in Oregon, he was able to utilize the state's Death with Dignity provision.

I cannot make this clear enough: my grandpa did not want to die. He did not choose physician-hastened death on a whim. He was 68 years old, and he was a fighter. He biked several miles to and from a number of his oncologist appointments. He would have liked to keep running, and he wanted to see all of his grandkids graduate. He wanted to spend more time with his family, enjoy retirement, keep gardening, practice his Spanish, drink more coffee, and travel to more countries. Because even in his pain he was drawn to the satisfaction and purpose that came with constant motion. Like any normal human being, he wanted the clinical trials to work. And when they didn't, he could very well have spent months suffering in palliative care until his body naturally succumbed to the cancer.

In Oregon, however, he was able to choose a date and a time and a place to pass, surrounded by family, in his own bed, when the pain became truly unbearable. It was clear that all other options had been exhausted, and it was a relief for Grandpa to have some semblance of control over the manner in which his life would end. He didn't want to spend his last days immobilized by a disease that was eating his body from the inside out. He didn't want his family to watch him deteriorate any more than he already had, even though we would have done anything for him. Having lived a fulfilling life was much more important to him than having lived a long life.

When Grandpa took the pentobarbital on October 6th, 2015, it took several hours for him to pass; he had been so healthy aside from the cancer. But he was no longer in pain, and that was what was important. He slept peacefully as his body shut down.

I tell this story because my grandpa's life and death are a part of me. "Devastation" didn't even begin to describe my feelings when he left us; there is a gaping hole in my world, but I know that my grandpa made the right decision. While we are obligated to weigh a number of important philosophical and medical questions about the boundaries and nuances of bodily autonomy, I am neither a philosopher nor a doctor. All I can do is speak from experience -- and experience tells me that doctors are not only in the business of preserving lives. Sometimes they have tried everything available to them, and find themselves responsible for lessening the suffering in a life at its end. Why can't this involve a universal option for a gentle and consensual hastening of death?

While my grandpa had a choice, many more people with terminal illnesses are at the mercy of their finances and home addresses. If he had lived in Illinois with me, the state could have jailed his doctor for prescribing the same end-of-life treatment he received in Oregon. This is egregious to me; if we cannot even have control over how we die in the midst of a terminal diagnosis, how can we have true control over anything else that happens to our bodies? And if we can afford dignity to suffering animals, we should be able to let human beings articulate their end-of-life desires. State boundaries should not dictate a person's life or death against their wishes. Because goodness knows these choices are already hard enough to make. Sometimes the greatest show of compassion is letting a terminally ill human being exercise the last bit of control they have over their life.