

Designer Death

Carolyn E. Stevens

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INTRODUCTION

In today's world, there are overwhelming and amazing technologies that can change, advance, and elongate life. From gene editing to stem cell therapy, the advancement of medical science seems almost to bring myth to life. Some of the latest technologies, such as CRISPR, are at the forefront of ethical debate as they impact quality of life drastically. However, even with these advancements, the reality of being human is facing a mortal and finite existence.

DISCUSSION

No person wants to end up like the poor Greek Tithonus [*1], who lived forever with an eternal low quality of life. So, question we must ask ourselves: how do we face death in an ethical and self-empowering manner? Who decides when and how you go? Should it be you?

Such questions raise a host of ethical concerns, especially when scientific and genetic research have shown we have the capacity to live to 120 years old [1,2], and research is still pushing forward in an attempt to alter or even completely turn off our aging "switch" [6,7]. Not to mention, with leaps in technology and further studies done on human consciousness, there is no telling how our world will grow and what types of staggering advances will change the world we live in. But, on the likely chance death will remain an integral part of our lives, even if we extend our life expectancy to 500 years of age, the question will still remain; how should we die and who should choose this?

One of the primary concerns we see in aging and geriatrics today is the burden of cost [8]. While these scientific advancements are extending life, and to an *extent* maintaining quality within that extension, there are economic ramifications. Retiring at 65 is not as realistic as it once was, especially when healthcare costs for people are rising with their age and the average lifespan of a person has doubled since the early 1900s [3,8]. Furthermore, cultural and social changes have impacted the ratio of younger to older people in the United States. The CDC has noted the population of individuals over 65 is going to double from 2000 to 2030 [4].

While we are striving to maintain longevity of life, we have to address its ramifications, not just for individual patients and the quality of their lives, but also the broader consequences at play, from insurance coverage, availability of medical professionals specialized in geriatrics and eldercare, to organ donation and rationing. Are we currently adequately supporting a society of people living into their 80s and 90s, and can we realistically continue to do so if the majority of the population lives to as late as 120 years of age?

As Atul Gawande noted in his *New Yorker* article, “The Way We Age Now,” America has yet to face the reality of its aging and changing demographic [9]. This becomes a conundrum when we are working on extending life but not understanding the full consequences of doing so. Also, we must be realistic about extending life. If we do make it to 120 years old, what will it look like? Will 50 become the new 20? And if not, if longevity only comes with increased burdens on both patients and society, then is it even responsible of us to push the bounds so far? Is it ethically responsible to prolong life? And if it isn’t, then how do we go about ending it?

In America, states like Oregon have been practicing forms of physician-assisted suicide for over a decade, but only for those on the brink of death. The real question lies in the population somewhere in between; those who may live for longer than 6 months, but with a questionable quality of life. Do people want to live an extra 40 years if that life is going to be full of sickness, weakness and decline? And furthermore, are we extending life, without addressing the consequences or quality, simply because we are scared of the great beyond?

Denmark has been at the forefront of the physician-assisted suicide movement and has faced scrutiny around the world for allegedly euthanizing people without valid consent. However, data has shown no slippery slope effects have occurred, and the laws have *helped* create legal certainty [10]. Further, numerous public cases have demonstrated that peace and happiness come from knowing when, how, where and why a patient is going to die. This was true for Andre Verhoeven, who was able to celebrate his life with his family in his final days and take control of his situation of terminal cancer, which empowered him, and according to his family, made him happier, before his death at 64 years of age [11].

Quality of life is certainly a subjective and personal measure, and if we are to step towards the idea of self-controlled designer death, we must do so critically. This method should evaluate a person’s personal standards but also be tempered with social and psychological considerations so as to prevent any erroneous or negligent actions. Instead of worrying so much about how long we live, and fighting for extra years that may result in pain and undue burdens, we need to rework our ideologies and beliefs about death. We need to strive to understand it, accept its reality, and find ways of confronting it so that we are the ones in control of death rather than allowing our fears of death to control of us.

As Dr. Gawande articulated in his article, people do not enjoy talking about their “decrepitude” even though health decline, despite all measures, seems to remain our fate. While all of these medical advancements are fascinating and innovative, in the area of life-extension, we need to ask how important these technologies are and how much they are helping.

CONCLUSION

Although vampirism and trends in popular culture glorify the existence of immortal life, one must ask themselves, what does such a life actually entail? Even if a person was enabled to live an immortal life with permanent youth, would that life be as enticing as it seems? After 100, 500, 1,000 years, would it not get old? Would it not be more difficult, harsh, and painful than a limited life span?

As a species, we need to embrace mortality. We do not need to live forever to have a meaningful life; we have to accept our human mortality is what makes life worth living. Perhaps we should focus our energies on designing what we feel should be our own personal end of life outcomes, rather than obsessing over life-extending technologies. This may be the path to a true quality of life.

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