Goodbye & Good Luck!

An 84-year-old grandmother in the early stages of dementia dragged a foam mattress to one of her favourite spots on Bowen Island, BC, so that she could die the death of her choosing.

This is her story, in her own words.

Gillian Bennett

August 18, 2014. I will take my life today around noon. It is time. Dementia is taking its toll and I have nearly lost myself. I have nearly lost me. Jonathan, the straightest and brightest of men, will be at my side as a loving witness.

I have known that I have dementia, a progressive loss of memory and judgment, for three years. It is a stealthy, stubborn and oh-so reliable disease. I might have preferred an exotic ailment whose name came trippingly off the tongue, but no, what I have is entirely typical. I find it a boring disease, and despite the sweetness and politeness of my family I am bright enough to be aware of how boring they find it, too. It is so rough on my husband, Jonathan. I don’t think my lovely cat has noticed, but I’m not sure.

Dementia gives no quarter and admits no bargaining. Research tells us that it’s a “silent disease,” one that can lurk for years or even decades before its symptoms become obvious. Ever so gradually at first, much faster now, I am turning into a vegetable. I find it hard to keep in my mind that my granddaughter is coming in three days’ time and not today. “Where do we keep the X?” (coffee / milkshake-maker / backspace on my keyboard / the book I was just reading) happens all the time. I have constantly to monitor what I say in an attempt not to make some gross error of judgment.

There comes a time, in the progress of dementia, when one is no longer competent to guide one’s own affairs. I want out before the day when I can no longer assess my situation, or take action to bring my life to an end. There could also come a time when I simply must make a decision based on my deteriorating physical health. I do not like hospitals – they are dirty places. Any doctor will tell you to stay out of them if you possibly can. I would not want a fall, a stroke, or some unforeseen complication to mess up my decision to cost Canada as little as possible in my declining years.

Understand that I am giving up nothing that I want by committing suicide. All I lose is an indefinite number of years of being a vegetable in a hospital setting, eating up the country’s money but having not the faintest idea of who I am.

Each of us is born uniquely and dies uniquely. I think of dying as a final adventure with a predictably abrupt end. I know when it’s time to leave and I do not find it scary.

There are so many things we obsess about. We seem to have a need to get things right. Should we bring a bottle of wine or some flowers to the party? Will jeans and my new boots work or is that too casual? How do I find a new mate?

We do NOT talk much about how we die. Yet facing death is thoroughly interesting and absorbing and challenging. I have choices which I have reviewed, and either adopted or discarded. I think I have hit upon the right choice for me.

I have talked it over with friends and relatives. It is not a forbidden topic. Anything but.

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Every day I lose bits of myself, and it’s obvious that I am heading towards the state that all dementia patients eventually get to: not knowing who I am and requiring full-time care. I know as I write these words that within six months or nine months or twelve months, I, Gillian, will no longer be here. What is to be done with my carcass? It will be physically alive but there will be no one inside.

I have done my homework. I have reviewed my options:

1. Have a minder care for my mindless body. This would involve financial hardship for those I leave behind, or involve them in a seemingly endless round of chores that could erode even their fondest memories of me.

2. Request whatever care the government is willing to provide. (The facility will expect my husband, children, grandchildren, to visit often to thank the caretakers for how well they are looking after the carcass. Fair enough, but not what I wish for my family.)

3. End my own life by taking adequate barbiturates to do the job before my mind has totally gone. Ethically, this seems to me the right thing to do.

I can live or vegetate for perhaps ten years in hospital at Canada’s expense, costing anywhere from $50,000 to $75,000 per year. That is only the beginning of the damage. Nurses, who thought they were embarked on a career that had great meaning, find themselves perpetually changing my diapers and reporting on the physical changes of an empty husk. It is ludicrous, wasteful and unfair.

My family, all of whom are rational and funny to boot, would not visit me in hospital, because they know I would not want them to.

The world strains under the weight of an aging population. We are living longer, and our life expectancies continue to grow. By 2045, the ratio of working-age citizens to their elderly dependents will become increasingly burdensome in almost every part of the world. In Canada and the US, the ratio is expected to be sixteen workers for every ten elderly dependents. It is a social and economic disaster in the making.

Yet most people say they would like to live to 90 or 100, or even beyond.

There are many ethical issues here: life extension radically alters people’s ideas of what it is to be human – and not for the better. As we, the elderly, undergo manifold operations and become gaga while taking up a hospital bed, our grandchildren’s schooling, their educational, athletic, and cultural opportunities, will be squeezed dry.

The heart of the problem is arithmetic: The post-World War II Social Welfare State, created at a moment when the baby boom was still gestating, is built on a generational Ponzi scheme. As life expectancy increases and birth rates decline, the population pyramid is being inverted – and in some countries that is causing the entire economy to topple.

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Everybody by the age of 50 who is mentally competent should make a Living Will that states how she wants to die, the circumstances under which she does not want to be resuscitated, etc. Add a statement such as: “If I am ill and frail and have an infection such as pneumonia, do not attempt to restore me to life with antibiotics. Pray let me pass. I do not give any relatives or doctors or psychiatrists the right to squelch this decision.” One’s general practitioner would have a copy.

Legally, everyone should have an obligation to make a Will, which would be stored electronically, could not be destroyed, and would be available automatically to any hospital in the world.

What about a person who refuses to make a Will? There should be a fallback Will that applies to everyone who has not done his civic duty. I do not have all the answers, but I do think I’m raising questions that need to be raised.

Three outsize institutions: the medical profession, the Law, and the Church will challenge and fight any transformative change. Yet we all hear of changes in each of these professions that
Canadian law makes it a crime for anyone to assist a person committing suicide, and Jonathan, therefore, will in no way assist me. Our children, Sara and Guy, would so willingly be with their father, but the laws being what they are, we will not put them in jeopardy.

Life seems somewhat like a party that I was dropped into. At first I was shy and awkward and didn’t know what the rules were. I was afraid of doing the wrong thing. It turned out that I was there to enjoy myself and I didn’t know how to do that. Someone kind talked to me and made me laugh. I began to understand that actually I had to make up my own rules and then live by them.

I did pick up that I needed to know when to leave, and that is now.

All members of my immediate family are in Vancouver: daughter, son, two granddaughters and four grandsons. All know that it matters to me not to become a burden to them, or to Canada. I have discussed my situation with them all. In our family it is recognized that any adult has the right to make her own decision.

Just in case anyone is tempted to think I must be brave to off myself, you should know that I am a big sookie. I am sorely fearful of being alone in the dark. I am scared something will get me. I do not want to die alone. If my cat were failing in the way that I am, I would mix some sleeping medication in with top-quality ground beef, and when she fell asleep, carry her lovingly to the garden and do the rest. Who wants to die surrounded by strangers, no matter how excellent their care and competence?

I have had a husband beyond compare, and children and grandchildren who have outstripped me in most meaningful ways. Since I was seven I have had wonderful friends, whom I did and still do adore.

This is all much tougher than it need be on Jonathan, and I wish he did not have to be alone with his wife’s corpse. Canadian law makes it a crime for anyone to assist a person committing suicide, and Jonathan, therefore, will in no way assist me. Our children, Sara and Guy, would so willingly be with their father, but the laws being what they are, we will not put them in jeopardy.

Today, now, I go cheerfully and so thankfully into that good night. Jonathan, the courageous, the faithful, the true and the gentle, surrounds me with company. I need no more.

It is almost noon.

Gillian Bennett, maiden name Quentin-Baxter, was born in 1930 in Christchurch, New Zealand. At Canterbury University, Gillian became friends with Jonathan Bennett, a fellow Philosophy student. In 1954, Gillian received a scholarship to study in Bonn, Germany. Jonathan and Gillian were married in Cambridge, England, in 1957. New Zealand is a country of wild beauty and infinite depth. They often ached to be there but accepted early on that career decisions gave them no way back. “Like a toi toi arrow shot in the air. Never no more. Never no more.”

Over the next 40 years Gillian and Jonathan lived in Cambridge (England), Vancouver (Canada), and Syracuse (USA). During her time in Syracuse, Gillian trained to become a psychotherapist, and practised and taught group and individual therapy. Gillian’s mentors were chiefly Richard Erskine and Rebecca Trautmann.

In 1996, Gillian and Jonathan retired to Bowen Island, just off the coast of British Columbia. They have two children, six grandchildren, and two great-grandchildren, all of whom—thanks be—are flourishing.
Goodbye and Good Luck is The Brilliant Green's second single, it was released on December 1, 1997. This single was never released on an album. It peaked at #69 on the Oricon singles chart. All lyrics written by Tomoko Kawase; all music composed by Shunsaku Okuda, arranged by The Brilliant Green.