

Why was my father denied the death he so wanted?

My father died last Sunday, the day of my 60th birthday. It happened in a hospital in Cardiff in the early hours of the morning. I drove back to London from Cardiff as the sun was rising. A few hours later I was standing in my garden with a crowd of birthday party guests.

We drank a toast to his life but I spent half the time feeling guilty and instinctively apologising to people because we were celebrating at a time of mourning. I suppose I was afraid they would think me callous. Yet I was glad that he had died. I still am — and so are all his children and everyone else who loved him. Callous? No.

Why does our culture find it so difficult to accept that death is a part of life and is often to be welcomed? It is not only right that we should change our attitude; as medical science learns how to prolong life, it is vital. The story of my father's life and death proves it.

There were many reasons to celebrate his life. It was a long one — he was 91 — and often hard. He

tradesman's entrance when he arrived to French polish the master's piano he would turn on his heel and walk away. As he saw it, he was a skilled craftsman running his own one-man business — and as good as the next man.

But in the closing years he became vindictive, even vicious. He would turn on his children — especially my sister, who showed him more love and care than any father has the right to expect — and lacerate her with his tongue. He seemed to take pleasure from inflicting pain. He was a clever man and was very good at it and we were growing to hate him for it. Much, much too late we began to realise what was happening. He was ill. Dementia was setting in. It was no more his fault that his personality



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The whiskey was his suicide pill.

Eventually it almost worked. When he collapsed he was taken into a general hospital and hovered on the brink of death. He was treated as though he had had an awful accident and everything had to be done to save him. We talked to the doctor on his ward and did our best to explain

things to him but you cannot tell a doctor to let your father die. Or so I thought. The drips and the care did their work and he recovered — after a fashion.

The next year was hell. It was clear that he could never return to his home, nor to ours, because he needed constant care. He stayed for months in hospital, occupying a bed that sick people needed. Eventually we found a nursing

It was light years from the wretched, tiled corridors of the old mental institution: bright and breezy and with a staff who could not have shown more love and care if he had been their own father.

Unlike us, his children who had been so hurt by the man he had become, they were immediately able to see behind the illness to the man he always was. But still — for all the hugs from the lovely Josie and other staff — his life was utterly meaningless. There was the odd lucid moment when his memory returned — with fierce accuracy — to his young days, but mostly he dozed in a chair, grew weaker and longed for death.

Then, a fortnight ago, he decided to give up altogether. He stopped eating and drinking. But we had been here before and he had been brought back from the brink by the paraphernalia of modern medicine. This time it was different.

I sat in the sunlit waiting room of the hospital with the doctors in charge of him and we talked not life, but death. Almost the first thing the consultant did was to

was once so poor that he had to pawn my mother's engagement ring. But it was a good life.

He was born into a working-class family in what we would now call a slum: a tiny inner-city house with an outdoor lavatory and a tin bath in front of the fire. He got measles when he was 12. On a bright winter's day, when the sun glistened off the snow, he ignored his mother's warnings, left his darkened bedroom and slipped out of the house. He paid for that act of childish disobedience with his eyesight. His blindness lasted for a few years and that was the end of his education. His eyesight came back — although never properly.

But he was a tough character. He became a fine French polisher. He was a good athlete, too. He could have been even better but it's not easy to race if you can't see the man in front of you clearly. He once ran off the course and into a barbed wire fence. He kept

He gave up when my mother died in 1999. He hit the whiskey. He drank at least a bottle a day until he collapsed two years ago. That was when he should have been allowed to die. He had, as he saw it, nothing left to live for.

He could do none of the things he loved — not least the gardening and the long walks — and he missed my mother dreadfully. But far, far worse, he had stopped being the man he once was. His personality had changed.

He had always been difficult and argumentative. He once walked out of his crowded Conservative club rather than sit beneath a portrait of the Queen. You didn't get many Tory republicans in working-class Cardiff. And if a servant tried to send him to the

was changing than it is the fault of a child who gets cancer.

We tried to make allowances. We tried to trick him into seeing a psychiatrist at his home to find out more about what was happening to him. But he did not want a psychiatrist, spotted the ruse almost immediately and sent her packing. He did not want help. In his eyes he didn't need it. He wanted no treatment that would compromise his powerful sense of his own dignity and independence. What he really wanted was to die. He said so endlessly and I believe he meant it.

home to take him — but not for long. He was too disturbed for the care that they could offer.

He was transferred to a Victorian mental hospital. He was in a pitiful state. For hours on end he would shout "Help! Help!" until his voice grew hoarse. I believe he was shouting for an end to his miserable existence. The medical staff struggled to find the right balance of drugs to "stabilise" his condition.

Then a new EMI hospital (elderly mentally infirm) was opened in Cardiff and he was taken there.

Richard Cannon



Care of the elderly is a boon, but taken too far can be a nightmare

quote from the Victorian poet Arthur Hugh Clough: "Thou shalt not kill; but need'st not strive officiously to keep alive." He gave me all the clinical jargon about the inevitable effects of severe dehydration and the various steps that could be taken to deal with it. But when I asked, "What would we be keeping him alive for?" he paused and nodded. He abandoned the language of science and used a phrase we can all understand: "He has turned his face to the wall."

In the end it was tacitly agreed that nature should be allowed to take its course. If he were in pain or discomfort then of course he would be treated accordingly. Otherwise he would be allowed to die. And so it happened.

His last few hours were, I think, relatively peaceful, with most of his family at his bedside and morphine patches to ease his restlessness. His last few years had been anything but peaceful. He should not have suffered as he did.

There was never the slightest hope that he would recover and lead anything like a decent life. Dementia does not work like that.

I have written about my father at such length because there are so many like him in this country today and there will be many more. Perhaps you and me. As his wise consultant said, a generation ago he would have been allowed to die without enduring so much indignity and suffering. Increasingly we keep people alive because we can. That is not right. We need to regain the sense that death is not something we should apologise for. I mourn my father's passing but I celebrate his life. And his death.

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