

POTTSTOWN CITIZENS FOR Enlightened LEADERSHIP

Why I hope to die at 75—Part 1

It is well-established that the highest percentage of people who die from Covid 19, by far, are the elderly. The following column by Penn ethicist Ezekiel Emanuel, M.D., adds an interesting perspective to this situation.

It aroused a quite a controversy when it was first published in "The Atlantic" magazine in 2016.

(Part 1, abridged because of space limitations.)

By Ezekiel Emanuel, M.D.

Seventy-five.

That's how long I want to live: 75 years.

This preference drives my daughters crazy. It drives my brothers crazy.

My loving friends think I am crazy. They think that I can't mean what I say; that I haven't thought clearly about this, because there is so much in the world to see and do.

To convince me of my errors, they enumerate the myriad people I know who are over 75 and doing quite well. They are certain that as I get closer to 75, I will push the desired age back to 80, then 85, maybe even 90.

I am sure of my position. Doubtless, death is a loss. It deprives us of experiences and milestones, of time spent with our spouse and children. In short, it deprives us of all the things we value.

But here is a simple truth that many of us seem to resist: living too long is also a loss. It renders many of us, if not disabled, then faltering and declining, a state that may not be worse than death but is nonetheless deprived. It robs us of our creativity and ability to contribute to work, society, the world.

It transforms how people experience us, relate to us, and, most important, remember us. We are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic.

By the time I reach 75, I will have lived a complete life. I will have loved and been loved. My children will be grown and in the midst of their own rich lives. I will have seen my grandchildren born and beginning their lives. I will have pursued my life's projects and made whatever contributions, important or not, I am going

to make. And hopefully, I will not have too many mental and physical limitations.

Dying at 75 will not be a tragedy. After I die, my survivors can have their own memorial service if they want—that is not my business.

Let me be clear about my wish. I'm neither asking for more time than is likely nor foreshortening my life. Today I am, as far as my physician and I know, very healthy, with no chronic illness. I just climbed Kilimanjaro with two of my nephews. So I am not talking about bargaining with God to live to 75 because I have a terminal illness.

Nor am I talking about waking up one morning 18 years from now and ending my life through euthanasia or suicide. Since the 1990s, I have actively opposed legalizing euthanasia and physician-assisted suicide. People who want to die in one of these ways tend to suffer not from unremitting pain but from depression, hopelessness, and fear of losing their dignity and control.

The people they leave behind inevitably feel they have somehow failed. The answer to these symptoms is not ending a life but getting help. I have long argued that we should focus on giving all terminally ill people a good, compassionate death—not euthanasia or assisted suicide for a tiny minority.

I am talking about how long I *want* to live and the kind and amount of health care I will consent to after 75. Americans seem to be obsessed with exercising, doing mental puzzles, consuming various juice and protein concoctions, sticking to strict diets, and popping vitamins and supplements, all in a valiant effort to cheat death and prolong life as long as possible. This has become so pervasive that it now defines a cultural type: what I call the American immortal.

I reject this aspiration. I think this manic desperation to endlessly extend life is misguided and potentially destructive. For many reasons, 75 is a pretty good age to aim to stop.

Thursday: Part 2



Commentary by
Tom Hylton



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