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**Rick Godfrey: One Man's Opinion**  
They shoot horses, don't they?  
Originally published April 16, 2010

Approaching the front of the house, my partner and I walk briskly, but professionally, to the front door and rap hard.

We are immediately greeted with "Please, hurry!" and are quickly led through the house and into the garage.

The garage is a ghost-like cool and starkly empty. A frail elderly man sits in a folding chair, slumped forward, quiet, and yet actively foaming at the mouth. Semi-conscious, I'd say.

Sitting next to him on the floor is an almost empty can of muriatic acid, a product used for cleaning bricks and concrete. It's also about as caustic as it gets. Although we did the EMS equivalent of "grab and go" in order to get him to the hospital as quickly as possible, he later succumbed — his body destroyed from the inside out. It was yet another successful, but unnecessarily macabre, suicide. Although this incident was 35 years ago, it seems like yesterday.

During my career as a firefighter and EMS provider, I was given, or some say earned, a lifetime of memories. While most of the memories are a pleasing to recall, there are unfortunately way too many "incidents" such as this one, which I'd just as soon not remember.

It might serve a purpose to remind you of some of the many, and none too pleasant ways in which people attempt to, or do, end their lives. In no particular order, we have hanging, drowning, gunshot, overdose, stepping in front of moving trains, trucks, and cars, carbon monoxide poisoning, wrist slashing, a plastic bag over the head and the aforementioned poisoning — need I go on? And, having been an unintended witness to way too many of these attempts, let me just say that many times the person "does not go gentle into this good night."

Nor are all attempts at suicide successful.

It may seem odd to say, but I believe that many times a person is better off dead than having to live with an unsuccessful attempt. When unsuccessful, the person not only has to deal with the emotional part of attempting suicide, but failing at it as well.

In addition, too many times, there are now additional medical or physical problems heaped on top of the original problems. It's not a good scenario.

Based mostly on these memories, as well as my personal dealings with the death and dying of family members, I've formed an opinion of euthanasia — death with dignity, or officially, Physician Assisted Suicide (PAS).

I'm generally for it, albeit with a few caveats, or oversights. Fail safes, if you will.

Also, let's be clear that I'm talking about people with a terminal or devastating illness, excruciating chronic pain, or quality of life issues (bed ridden and incontinent as an example). I'm not talking about people who have miserable lives, or are getting divorced, or who lost their jobs or their houses. I'm also not talking about anyone who doesn't want to die. This has to be the person's own choice, and they have to be declared mentally competent to make that

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**ABOUT RICK GODFREY**

Rick Godfrey is a life-long learner who was a career firefighter for 25 years and earned a bachelor's degree in fire service management. He has held many jobs before, during and after his fire service career including GM of a motorcycle dealership, a photography business, real estate agent, and has driven most anything with tires.

He is happy and proud to be a husband, father and grandfather. He has traveled to all 50 of the United States and several foreign countries. Rick is also a veteran.

After 60 years of observing people at their best and worst, he has developed opinions about our ability to get along with each other, among his many other opinions, and generally has a "live and let live" philosophy.

Rick and his wife currently live in Frederick County.

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decision.

In my opinion, it boils down to this — do we, or should we, legally have the right to end our own lives, or assist others in the ending of theirs? We all know we can try to end our own lives anytime we want — the question is, can we do it with dignity, or do we have to resort to a “back alley” type of ending?

In doing research for this column, I came across what I believe to be a fair, or at least interesting, web site on the pros and cons of assisted suicide, [euthanasia.procon.org/view\\_resource.php?resourceID=000126](http://euthanasia.procon.org/view_resource.php?resourceID=000126).

My only kick with the con side of the argument is the hysterical tone with which a fear of the unknown is presented. For example, critics say things like “dire consequences,” “death cultures,” “profoundly dangerous,” and the most ubiquitous one, the “slippery slope” which is a sort of a “the sky is falling” mantra.

Maybe the sky won’t fall. Since death with dignity is allowed in several countries around the world (Switzerland, Belgium, and Netherlands), as well as three states in the United States (Montana, Oregon and Washington), one would think that if there were a problem with mass suicides, the “slippery slope,” we would certainly have heard about it by now. Could the “slippery slope” scenario happen? Sure, it might, but what, and where, is the evidence supporting that view?

There are many horrible diseases with which people endure unending and unbearable pain, and with no relief or cure in sight. Is it possible that a cure might be found tomorrow? Certainly, but it’s also possible that I might win the lottery tomorrow, but I’m not willing to bet on either one.

I briefly considered discussing those groups or organizations who mainly oppose the legality of physician-assisted dying, but if you’re curious, it shouldn’t be too difficult to ferret it out. Instead, I’d like to present this argument. I believe we would agree that, while most people treat their pets very well, and many even treat them as family members, most still consider them to be a *lower* form of life than we humans. And yet, we routinely march them off to the vet to be “put to sleep” when they are terminally ill and in unremitting pain.

So, if it’s good enough for our pets, why then is it not good enough for us? I don’t get it. Look, we already not only allow, but *strongly encourage*, the administration of “pain control” (Morphine, generally) in the final stages of life for terminally ill patients. Thus, my opinion is that physician-assisted dying is just pain relief to the maximum extent possible.

Again, let me restate that this shouldn’t be forced on anyone. The person has to be verifiably mentally competent and chose, with witnesses, to voluntarily end his/her life. I know that assisted dying isn’t for everyone, and to that I say, “then don’t do it”, but let me die with dignity.

I shouldn’t have to move to Montana or go to the garage and drink acid.

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Rick Godfrey writes a monthly column for [fredericknewspost.com](http://fredericknewspost.com).

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#### School, family reach \$65K settlement for child's injuries

A personal injury case involving a minor has resulted in a settlement with the Frederick County Board of Education, according to court records.

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#### Frederick eliminates 37 positions, lays off 12 employees

Frederick Mayor Randy McClement announced this morning that the city is eliminating 37 positions, 12 of which are layoffs of full- or part-time employees, according to a press release. The remaining 25 positions are a combination of funded and non-funded positions.

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#### Tea party protesters sound off on tax day at Frederick restaurant

With no one to share her political beliefs, living in Germantown is like living on an island, said Eileen Morgan, a three-decade resident of Montgomery County.

That’s why she came to Frederick on Thursday to participate in the local tea party tax day protest.

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#### Fourth man punished in witness tampering case

A U.S. District Court judge Thursday sentenced a Walkersville man who shot a federal witness to death to 17 1/2 years in federal prison on two drug-trafficking charges, according to court documents.

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#### New parking rules to ban big vehicles

New parking regulations put the Frederick Board of Aldermen at odds Thursday.

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