The final taboo

Living wills mean we can have more say over how we die. But first, we must accept our own mortality.

Death is the one aspect of life we all have in common. Yet the business of dying is still as under wraps and as taboo as were sexual predilections in the 19th century.

As a result, its management has been left to the experts - but that changes on Monday, when the 2005 Mental Health Capacity Act becomes law.

The act allows, among other measures, for living wills to come into force. And about time, too.

The medical profession is committed - in theory, at least - to doing no harm. As a result, it takes measures to sustain life, no matter what the patient desires.

But I don't want my dad, suffering from Alzheimer's disease, to choke to death because, one day, his brain will no longer tell him how to swallow. That is not a "good" death.

In a living will, an individual can stipulate that they do not wish to be revived, resuscitated, fed in a coma or generally kept in this world when they would rather be in the next.

But that doesn't mean - as some alarmists argue - that you will be starved to death or die of thirst. You can request that you are both fed and watered, and have your pain eased in the best traditions of palliative care.

If a person is deemed incapable of making a decision, under the act, an independent mental capacity advocate (IMCA) will represent him or her. The IMCA gathers information, provides support to the person concerned and makes representations about that person's wishes, feelings, beliefs and values, to the point where they can challenge the professionals.

Backing this is the new, lasting power of attorney (LPA), under which another individual can make decisions for a person who lacks the mental capacity not just on issues of money and property but also on healthcare and consent to medical treatment - again with the power to challenge a doctor.

Will this lead to wholesale abuse? I doubt it. Will it mean that many of us, healthy and (relatively) sound of mind, may be encouraged to consider the unthinkable: that things can go badly wrong? I hope so.

Look at some of the personal stories on the website of Dignity in Dying if you don't believe we need fresh rules and a better understanding that those who desire it are entitled to weigh up the odds and exercise autonomy.

Voluntary euthanasia, available in Oregon for years with no mass outbreak of suicide, would also be welcome.

The remit of doctors is to preserve life at all costs. But some have decided, for a variety of reasons, to interpret that mission differently, expediting death. That's an arbitrary system. A friend who has multiple sclerosis of a strain that allows no remission does not want to live in the hope that it may be one of the former who takes care of his last days: he wants the right to go sooner rather than later.

A recently released Healthcare Commission report says NHS trusts need to do more to ensure they provide consistent dignity in care for the elderly. In other words: don't leave fragile people to die neglected, frightened and without humanity.

On top of this, the government is due to publish what is called an end-of-life strategy in December. Perhaps death is belatedly beginning to come out of the dark. Perhaps we are beginning to shed the infantile behaviour that says if we shut our eyes, death - or, more precisely, the period before it - will forget we are there and go away.

Certainly, the fact that 54% of all complaints about the NHS are concerned with end-of-life care says something has to change: namely, for many of us, the way we make our exit.

But are we brave enough to make those choices: to appoint an advocate and sign a living will at a period in life when death is still something that happens to other people?