

**Compassion & Choices
Of Washington -
Scholarship Essay**

Title of essay:

**Thinking About Death
Is Just For Old People, Right?**

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"Thinking About Death Is Just For Old People!"

Me die? I'm only a kid! Thinking about death is for old people, right? **WRONG!** Death and the meaning behind "death with dignity" has intruded on my family twice this past year, therefore I have chosen to write about death from a personal point of view. Your topic arrived at a perfect time, giving me a chance to combine the feelings in my heart with the logic of research. Unfortunately, the deaths in my family involved well-loved grandparents. Like a mouse in a corner, listening to the thoughts and choices my family made, was thought provoking. We have all sorts of opinions within my family. My grandparent's generation had considered death, but had avoided discussing the topic. The "middle agers," generally, have avoided both thinking and talking about it, as if this would keep death at bay. The young adults/twenty and thirty group were more open to discussion. I think I have a representative and eclectic family. I realized, then and there, that age is the key to future success, where the "death with dignity" act is concerned. I have great hope for my generation, as the taboos on death discussions vanish. Before I tell you about Grandpa Smith

and Great Grams Brennan, I want to define my word preferences. First, I feel the words "assisted suicide," give a very negative twist that stresses strong social and religious sanctions against suicide. It seems unfair to attach the word "suicide," to a person who is seeking relief, since death is approaching within six months. I use the words "assisted death." Second, my personal interpretation of "death with dignity" encompasses all people dying in a way that reflects each individual's personal choice and each individual's idea of what "dignity" means to them. Both of my elders died with "dignity," but in very different ways.

Grandpa Smith thought it was most important to plan for those he would leave behind, but he failed to discuss his wishes about himself. At age 72 he was diagnosed with ALS. After spending several increasingly painful months in a short term care facility, he requested physician assisted death. He was in terrible pain and my family and I were relieved at his choice. The weeks that it took to do the required, properly witnessed, request forms and wait for the legal time limits were frustrating. This is our first family member to have requested an assist since the Washington State Death with Dignity Act went into effect. The policy provided a clear legal path. I cannot explain why, but the slow methodical process, in itself, was

