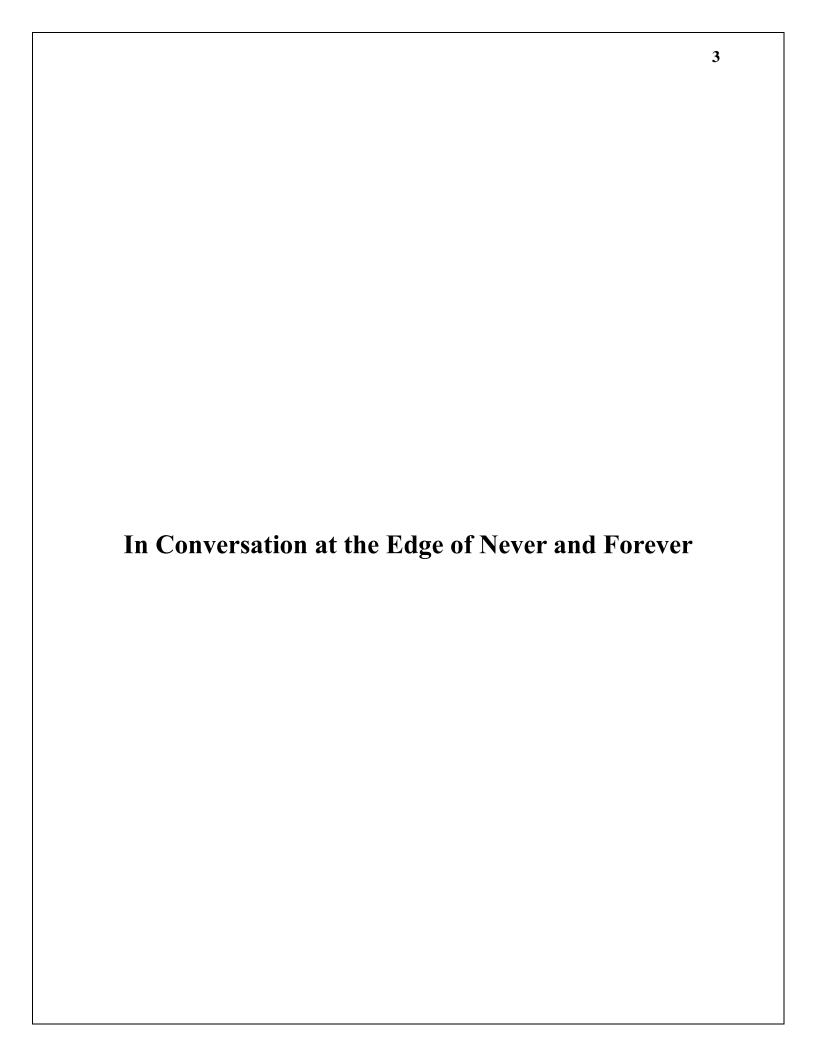
# IN CONVERSATION AT THE EDGE OF NEVER AND FOREVER PASCAL LANDA SCOTT DOUGLAS JACOBSEN

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### Acknowledgements

This publication proceeds with a sole acknowledgement to Pascal Landa. Pascal Landa comes from a lineage of the right to die movement with current work as the Founder and President of AAVIVRE, or the Association qui Accompagne la Volonté des Individus a Vivre selon leur Ethique/Association that Accompanies the Will of those wishing to Live according to their personal Ethics. He is a third generation French-American who spends time split between France and the United States of America. He is traveling around the world as he is now retired. As we present this interview, we cover the early life of Landa, the real successes and honest failures of the international right to die community. We look into the ways in which individuals wishing to pursue this course in life can build on the real successes and learn from the failures. Landa provides some book recommendations on the right to die, dying with dignity, euthanasia, and medical assistance in dying.

Scott Douglas Jacobsen

## In Conversation at the Edge of Never and Forever

Scott Douglas Jacobsen: Let us start from the top like a superhero origin story. What is early life?

**Pascal Landa:** Let us start from the genesis of the right to die movement in France, a movement which was created by my father following an article he wrote called "A Right" (Le Monde November 1979) in which he explained that being able to at one point in one's life say, "Stop," to a situation of life that is no longer wanted by the individual should be available to all and be accompanied; and that there is no reason we should treat people less well than we treat animals that we euthanize.

The reason he wrote that article was that as he was a philosopher, a Doctor of Philosophy and History of Philosophy, from Berkeley, he had in the Second World War (1943-4), participated in a Maquis at 16. When his fellow mates would be hit in the stomach by German bullets, they would be condemned to a slow death and know that they would die after three, four, five, ten days of tremendous suffering. To avoid the suffering, they asked their fellow members and the head of the group to just put a bullet through their heads, which was regularly done. That impressed him a lot.

In 1959, his mother was dying of generalized cancer in a hospital in Paris. She was screaming in pain most nights. He asked her over time if she wanted to stop this, and she said, of course, yes, so he helped her pass away. You must remember in those days, the common belief was that suffering was a way of gaining redemption in heaven. It is still believed by some people, which is fine, but certainly not our way of seeing things.

In 1977, my grandfather, who had been travelling around the world all his life, came and lived next to us. He arrived in October, '77 and quickly we learned he had terminal cancer. We accompanied him until March, to his death. He was a person who refused to look at the fact that he was dying. He refused to look at the fact that he was terminally ill.

One of the experiments that had been done in the Northern countries in Europe, was to help people reconcile themselves with the end of life using LSD, lysergic acid a drug that reduces inhibitions. In fact, it worked extremely well with my grandfather. He did maybe a dozen trips from October to March. It was amazing for me, I was 22 at the time, to see him open up, become a person that would discuss with us, a person that would give us a chance to exchange with him and learn about his emotions, learn about what he felt about life. I had known him as a closed-up human being. Through the LSD experience, he opened and reconciled himself with life. He was a known stock exchange expert. He, at the end of his life, would just make fun of those experts while looking at them on TV.

That shows that one of the issues of the end of life is being able to look at your end of life as another step and another phase of your life. My father helped him die at that time. We all accompanied him. One day out of three, either I or my mother or my father would be alongside him and sleep at night with him and massage him and give him the right kind of food and all the things that made him comfortable. Then one day, he decided that it was just too much pain and my father helped him die.

All of these experiences led my father to write that article in 1979. After his article was published, hundreds of people wrote to him saying, "We should do something about this. You

are right. Your article says clearly what we believe. We should not be treating people worse than animals. We should have the individual right to decide about our own end of life, and be accompanied in this."

He proposed to senator Caillavet in France, who in 1978 had proposed legislation in the Senate asking for the right to die with dignity, to head the movement. The senator said to Michel, my father, "You need to be the president because as a senator, I cannot be both the president of an association and a senator." My father created this association in June of 1980.

In November of 1980 he fell ill and had to get a triple heart bypass due to a serious heart affection. Right before his operation in December, we discovered he had lung cancer, a tumor as big as an orange. They stopped the operation and he fought against this cancer for the next six months of his life. I myself came back from where I used to work in the US and accompanied him to his death.

He did the treatment, the chemotherapy and all the drug-taking that modern medicine suggests. But at one point, he said, "This is enough. I am not going to do the radiotherapy because things are not improving anyhow. It is just spreading, and now it has metastasized." He said to his doctors, "Give me the drugs that will keep me alive and clear of mind without intolerable pain as long as possible."

At that time you must remember, it was 1980, beginning '81. Doctors still refused, at least in France, to give you medicine able to keep you intellectually aware without pain because they said, "You are going to become an addict." There are still some doctors today that say that. "Even though you are six months away from dying, you are still going to get addicted." This is crazy, insane.

Hopefully, now, most of the doctors understand that pain is not a redeeming value and that people who are near death do not need to be worried about taking too much drug. The objective is to keep them as intellectually aware and able as we can, but not put them into a mindless state.

This is one of the issues with the movement, palliative care. Of course we support palliative care, but palliative care is a phase of treatment, it is not for many the end treatment. Palliative care extremists say, "If the person is not feeling well, we just give him more and more drugs, and then he dies drugged." We do not want to die drugged. We want to die aware and conscious of what we are doing. There is no meaning in life to lie in drugged unconsciousness for weeks or months.

One day my father said, maybe in June, "The day I can no longer get up and take my shower myself, and the day I have less than one hour of intellectual capacity, is the day I will decide to go away because there's no reason for me to continue living.' On the 15th of August, he said, "This is the day." Remember that he was a political figure or at least a public figure, and it was considered killing people to help somebody die.

He had made everything clear. He was going to take the right drugs and go by himself, but he wanted to have a last dinner with us. My brother and sister are 15 years younger than me, so they were 14 and 15 at the time. We had a last dinner with him and then friends took them away to protect them should the police make an enquiry.

Listening to Bach's suites for unaccompanied cello, he an insulin overdose meant to bring him into an irreversible coma followed by death. My mother and I were shocked that at one o'clock in the morning, 6 hours after he had taken insulin, we could see he was, agitated. It was that he wanted to go to the bathroom, so that he would not pee under himself.

This is first to remind you that life is tenacious to our bodies. Killing oneself is not an easy thing. We can know how to do it, but life does not give up easily. The second is that the individual is conscious until the end and primarily wants self-respect. That is one of the big issues of ending one's life.

We brought him to the bathroom and put him back in bed and he fell back into his deep coma. The death process continued and continued. In 1981, the law was so restrictive, and he was such a public figure that at six o'clock in the morning, we decided, my mother and I, that we had to help him. Thank goodness we had a backup solution with morphine. I gave him an intravenous shot of morphine. In 10 seconds, not even, 3 seconds, it was over.

I do not wish for any son to have to do this for his father. It is a terrible thing to kill your own father. I did not kill him. I just gave him what he wanted, ultimately, but it still is a difficult thing for a son to do with a father. It is much better if it is a third party who is not emotionally affected and emotionally implicated. I gave him death with the same love as he gave me life.

As he died, he left the leadership of the right to die movement in France, called the ADMD, bereft. He had asked me to do two things before he died. First thing was to guarantee ADMD would survive him because I had, of course, helped him build the movement. At that time, we had about 600 people in the movement. He wanted me to guarantee him that the movement would become self-sustaining.

The other thing he wanted was for me to publish a little booklet that he had started writing, called *Self Deliverance*, in which he had written the precepts, well, a few notes on what he wanted to say to people about taking one's life and deciding to die.

Mostly he had used the work of a Dr Admiral physician in Holland. This man had put together lists of all the drugs witch existed at that time, a lot of barbiturates, that would enable you, in a cocktail, to end your life in a reasonably safe manner. Based on his notes I wrote the booklet. I had a team of pharmacologists review the drugs and make sure that the French drug names and compositions corresponded to the nomenclature of drugs from Holland.

I had the booklet published by the ADMD with a lot of arm-twisting of the Board of Directors of the association because they were all scared of their shadows, but I was 30 at the time, so I was gung-ho and clear about getting things done. I had already created 2 firms at that time so I had some experience in management.

In publishing this booklet, we got hundreds and hundreds of requests for the booklet "Autodélivrance". To be able to buy the booklet, you had to be a member of the association for at least three months which meant many new members. We sold if for FF50 at the time, which in today's money is \$50. This helped finance the association for the long term and made sure that we could hire good lawyers if we were to run into a court case.

I ran the association as its president for two and a half years. At that point, I was 30. I was just starting my career. The old folks on the board of the ADMD wanted to take the lead and continue the movement. I remained as a member of the board as the vice president, for I think ten years or so, and was a member of the board for 30 years.

In my term as President we grew to 17,000. Today that association is 60,000. For over 30 years, we built a reputation for that association that made the Right to Die Movement be recognized and considered as a responsible, reasonable movement. UN-happily, 10 years ago, a politician

took over the leadership and he has turned the whole association into his own promotional tool and changed the statutes to enable him to lead without any opposition possible.

That is a frequent issue in the right to die movements. Because of ego issues and greed people fight and cheat financially. We have a lot of members who are old and who do not particularly care or are concerned about how the association works, they just want to contribute to get the right to die legislation in place. Unethical persons then take over and exploit this.

The active persons left the original movement in France because of this. It is of no use spending energy in futile wars. We denounced to the authorities sustained by facts to say, "This guy is doing illegal stuff," but the authorities have not reacted despite newspaper articles to this effect. We would rather focus on helping the movement move ahead than focus on going against this guy.

To make a long story short, five years ago, I created with a few ex-ADMD members a new association called AAVIVRE (Association qui Accompagne la Volonté des Individus a Vivre selon leur Ethique – Association that Accompanies the Will of those wishing to Live according to their personal Ethics). That went on for 3, 4 years, but since my retirement, I have been sailing. I had to pass the hand on to other people, who decided to create a new association called Citizens for Choice at the End of their Lives "LE CHOIX" (The Choice).

I joined this association because they have the same spirit as those who originally created the movement. They are working for the right thing: The right for an individual to be able to choose, not to impose, but to choose. We are now on 10,000 people in that movement and it is growing fast, it is only a year old. I think it will be the new right to die movement in France, as time goes on.

To backtrack a little bit. While I was the President of AAVIVRE, which I founded five years ago, I wrote two booklets. One is a new self-deliverance booklet in which I explain clearly, with all the precautions and so forth, about life being precious, that how, if one wants to end his life, he can do it easily, safely and with no investment. It is not difficult to do that.

I detail what we call "the plastic bag method" originally promoted by Dereck Humphry. It is the method where you inhale your own carbon dioxide which puts you into a deep coma and in a matter of generally less than an hour, kills you. The advantage of that is that everybody can get a plastic bag. Everybody can get a scarf to put it around your neck for comfort and scotch tape to make sure it is held in place. Everybody can take sleeping pills, which you do beforehand so that you are sure to sleep throughout the process.

The nice thing about it is when you take the bag off the person's head, he looks like he is just gone to sleep and had an easy death. What is most important about that method is that most people are horrified about it, and that is essential because of those people who are horrified are clearly not people who are in a phase of their life where they are facing the fact that their life needs to end.

If you are facing, either through pain, or loss of consciousness, or knowing that you are going to be completely debilitated, you are no longer worried about the plastic bag. You are worried about being sure to end your life. I only sell the book to people who are members of an association affiliated to the World Federation of Right to Die with Dignity and any profit is used to finance the movement.

I have observed that experience myself many times while accompanying people. Frankly, the fear that you have of not being able to breathe is not right at all. You breathe easily. You are breathing your own carbon dioxide, but you are breathing and there is NO suffocation. You go progressively. First, you go into sleep because you have taken the right number of pills to go long-term into deep sleep. Then your breath becomes shorter and shorter until you are into a deep coma and you die.

That is good for people who can still manipulate things enough to be able to do that process, but it is not good for those people who are paraplegics, who are unable to physically handle their own lives. Therefore, the law is still needed for those who want or need to be assisted. In the last 35 years, I have spent probably 25 years saying we need a law called "the right to die with dignity law".

Finally today, I have become aware that we were going the wrong path for legislation. We were going the wrong path because the opponents to our movement oppose us on two principles. The first principle is that a society of persons is a contract between people who live together. One of the foundation stones of that contract is, "Thou shalt not kill." If we want a law that says we can kill, we are obviously stepping into the mouth of the wolf who is then able to say, "This is not the right way to go."

However, there is a good way to go. The good way to go, as far as I am concerned, and particularly in Southern European mentalities, which are emotional rather than rational. Latins are a different type of society than the puritan, rather logical and strict mechanical societies that we know in America, in Australia, in England. In France and in Italy and in Spain, the mentality is such that- and it is not just playing on words. It reveals the real basic issues that rule those societies.

The right path is to write a law for the irreversible medical acts. Know that in France, one specialist out of two every year, gets attacked in court. One generalist out of ten, every year, gets attacked in court. All of that is because the powers of the medical profession have been trying to sell us the idea that medicine is a science, which it is not.

Medicine is not a science by the simple fact that drugs that operate on you and drugs that operate on me are going to act differently. We are, each of us, individuals. We are, each of us, different. So the act of medical caring is not just a mechanical process of distributing drugs or operating. It is primarily a human adaptation and accompaniment process. We know that psychology also plays a large part of human well-being or not well-being. Thus medicine is an art.

If we understand that medicine is an art, then we cannot guarantee the results. If we cannot guarantee the results, then we need to have a process when we do a medically irreversible act. A codified process for the amputation of an arm, a leg, the extraction of part of a liver, the extraction of whatever it is, the replacement of a heart ....something that irremediably changes a person's life.

Several things qualify an "irreversible medical act". One is that the person is going to change his life fundamentally, for the rest of his life. We need social accompaniment, but a doctor is not a social worker. We need a social accompaniment of that process. We need to guarantee that a diagnostic of the doctor is a good diagnostic. That means that we need to have a second opinion that confirms the first opinion. "This is what is going on and this is what the problem is."

The third thing is we need to be able to offer, as a professional medical practitioner, a large set of solutions. One is to do nothing. The other is to amputate. The third is to try to treat with drugs but with the risk of having gangrene and dying. Et cetera.

One of the options that doctors often must face is there is that there are no treatment issues to your problem. I am thinking of sicknesses such as those in which you die of suffocation because your lungs cannot do it anymore, which are terrible deaths, or those in which you cannot control the pain anymore because drugs do not work. Despite all the false data and the statements of lobby paid researchers, we know that about 5% - 6% of painful situations cannot be dealt with at end of life. In those situations, one of the options must be assisted medical dying.

Who are we to say when is the right time to say, 'Deciding to die is the right option?" I am sure you would not want me to tell you when it is the right option for you. I can tell you that I do not want you to tell me what the right option for me. In fact, I want to protect you so that you can also decide that until every single cell in your body is dead, you are alive, and you want medical treatment. That is fine for you. But it is not fine for me.

Me I want the law to state that in a medical process of the irreversible act, that if a certain protocol is followed that guarantees all of the protection of the individual, then we should be in a situation where I can ask for medically assisted dying, and you, the doctor, can give me that prescription or do the actual injection if I choose it. That must be one of the options for care at end of life.

This is what happens in Switzerland. When you go to Switzerland, you provide a medical record that shows that you are in a terminally ill situation of one way or another. It doesn't have to be terminally ill in the next six months. It just must be terminally ill. But remember, life is a terminal illness. We are all going to die. If we are in a situation where that is the case, and if the patient is not mentally disturbed, and is capable of making concious decisions, then he can choose to have a doctor prescribe a death giving cocktail, but only the patient can "open the valve" or drink the substance. It does not work for those who cannot even move a finger.

I am thinking of, for example, the young man who says, "She has left me. Life is no longer worth living because my sweetheart has left me," or vice versa. Those kinds of situations are psychological situations where the person has not the required perspective to decide to die. We need, as a responsible society, to be able to determine those cases. Yet we must also be able to say, "You have the right to decide what is a life worth living and what is a life not worth living." Only a well-codified process can allow this.

You should be able to die with your friends around you. I know a lot of people who like to play cheerful, joyful music. I have friends who said to me, "Pascal, I want you to drink champagne on the day of my death because it is the end of my life and I think everybody should celebrate the fact that I have had a good life."

To make a long story short, I think that is one of the rights that we will have to recognize, and it is being recognized by more and more people. Unhappily, there's a lot of issues with the way it is being recognized. For example, in America, they want you to sign off a list of situations in which you say you want to die. That is stupid. The one thing we know is that we do not know when or in what context with what situation we are going to die.

In the French law today, we have been able to get the right for terminal sedation under specific circumstances, and more importantly, the right for a person to say that he is not willing to accept

certain types of medical treatment. That includes force-feeding and all treatments that do not pertain to his total recovery. But you can never anticipate, so anticipated directives, as we call them, are just a philosophical statement to guide the persons around you as to how you would like to end your life.

The real key is having somebody who is your person of confidence, a person with whom you have talked and who is going to be a valid person to talk with for the medical profession because the medical profession facing somebody dying has got a huge problem. The huge problem is that he can act like a professional, but he is being asked to make decisions as if he was the person. These are two different roles that require a dialogue and cannot be assumed by a single person.

What he needs is he needs a person to talk to. Often, the patient is no longer able to communicate correctly. What he needs is for the patient to have named somebody who is a person of confidence, who has his full confidence, and who is able to adjust the patient's will to the real situation.

The real situation could be a car accident and to find yourself in a coma. Do we decide, because you marked on the questionnaire, "I do not want artificial respiration", that we should decide to let you die? Even though if we give you artificial respiration for three weeks or even two weeks, you'll be able to recuperate fully and then he'll be able to live? NO!

We need to have somebody who is fully conscious, fully aware of the person's wishes and desires, of course, and who can speak for the person. That seems to me more important than anticipated directives.

We must avoid, also, the bad path that codifies what the medical professional one has to do the multiple response questionnaire. Do you want us to do this? Do you want us to do that? Do you want us to do this?" That is ludicrous because the situation is in constant evolution. Those questionnaires only pertain to things that are black and white, but life is not black and white. Life is always specific to the individual, specific to the case at a moment in time.

Exchange and participation are essential. We know, for example, that a person going to see a doctor, when the doctor talks with him and has an exchange, he has 30% more chance of recovery than a person who doesn't talk to his doctor because medical care is a mutual trust space between a practitioner who knows medical practices and a patient who knows himself. We also know that it reduces costs by 30%, as well, which is an impressive amount.

Last, of all, I think one of the important things we need to keep in mind is that end of life today represents somewhere between 60% and 80% of all medical expenses during your whole lifetime. That means that the end of life is big business for some people. We cannot let financial big business interests be above concerns for that a person that is supplicating that he wants to end his life because he has had enough, enough of suffering, enough of mental torture, enough of seeing those around him suffer, et cetera.

As a responsible society, we also must remember that a person who is in a situation of sickness or end of life, has tremendous pressures from external sources, the wife that tells the doctor, "I want you to keep him alive by all means because as long as he is alive, I am getting my pension. The day he dies, I get nil." Or the kids who say, "Speed him up. I want to get that inheritance. I can use the money dads got better than he does. Look at what condition he is in." I just gave examples, but there are millions of motivations.

As a responsible society, we must have a law that saves the individual from torture by the medical industry. End of life people today are test grounds for lots of medications. That is not acceptable unless the person says it is okay but often, they never ask the person or omit this experimental aspect for a proposed treatment.

Today in France, 30,000 people die because doctors, mostly by compassion, help them die. Even that is not acceptable because, first of all for 1% or 2%, we question the fact that is the right decision, but more important, is that they never asked the opinion of the person concerned, and there is no reason we should allow this, it's like playing "god". When you do not have the agreement or request of the person, it is called murder. If you ask the person and the person wants it, it is called assisted dying and compassion. Two different concepts.

The other reason is that as a society, we cannot let the medical profession be attacked permanently because people think that medicine is a science and not an art. If we develop a the protocol that protects the medical profession, we'll find more and more medical professionals having human compassion, human interest in their patients, and doing their job which is helping us to live as well as we can, as long as we can, and in a state that is compatible with an individual's will to live.

I think I have covered the three basic subjects. My own personal life is not interesting in all this except to say that perhaps I started this movement when I was 30, replacing my father as president of the association in France, and that I have done a successful IT career as an international director of IT while continuously being an active member of the right to die with dignity movement in France and internationally.

That shows that I am not interested in glamour. I just want that law, some day or another, to be enacted. I wrote a book on how to write your personal directives and how to designate the person of confidence so that people can read that book and know how to do that because it seems to be a difficult thing for people to do. It is a book written in French and if you turn the book around, it is in English because I am both a French and English speaker.

I think I have covered the law in France today. In 2005, the law allowed recognition for anticipated directives and the fact that a person you choose "personne de confiance" (person you trust) could be more important than the family as advice for the medical profession.

In 2016, it reinforced the law and said, "Directives are now an obligation for the medical profession and the person of trust is still an advisory, but a much more an important advisory than it ever was stated before." Otherwise, the law used to say, "We cannot kill people. We can just put them in terminal sedation." The 2016 law said, "Terminal sedation, the doctor does not have to wake up the patient regularly to check that he is not killing him."

But terminal sedation today, as practiced in France, can take one day to one month, depending on the state of health of the individual. We think that is totally unacceptable. It is unacceptable for the individual because we cannot say that he is not suffering. It is unacceptable for the family and those around them because we know that they are suffering. We can see it clearly.

There's still a long way to go but I think this road must pass through a protocol for irreversible medical acts and not a law for directing doctors on how we can kill people when they choose it. That will neither be accepted by the doctors, nor by the religious people, nor by the basic community, even though 90% of the French citizens all say, since about 30 years now, that they want legislation for the right to die with dignity.

Dying is not an easy thing. I am in the middle of writing a book on how you live the best way the last part of your life. Living at the end of your life is a tremendous adventure. At the end of your life, one of the things that happen, whether we like it or not, is you can no longer lie to yourself.

All our lives, we can lie to ourselves, and say, "Life, it is going to continue. I am not going to die," or any other lies that we do for ourselves, but the one thing that you can no longer do when you are nearing death is you can no longer lie to yourself. That is a period when you can do a lot of progress in your own mentality and on your own awareness of life.

It is too bad you do not do it beforehand. So many people would rather act like the ostrich and keep their heads in the sand until the moment arrives. That is not acceptable, for me. If somebody else wants to live that way, I have no objections. A corner stone of the right to die movement is: We are not asking that others live the way we want to, we are just asking that we be able to live the way we want.

We defend also the person that wants to live until the last second of the last cell that survives in his body. One of the things that I wanted to do at one point was to attacked the state because in today's life, today's scientific community knowledge about organisms and their way of living, we are able to grow meat, we are able to grow skin, we are able to grow organs, we are able to create stem cells out of any other cell in the body. We can now, very recently, replace parts of the DNA. In fact, we could say that we shouldn't ever let anybody die. We could keep a body alive forever. Is living being just a body and the cells that function? We do not think so.

An important issue that is being raised today by the right to die with dignity movement is what is the real meaning of life? Is the real meaning of life having cells that are alive or is the real meaning of life that of being conscious, being able to love, being able to have emotions? Those are the real questions that we must deal with as a society.

Do you have any other questions?

#### Jacobsen: Who has been central opposition to the work of right to die in France?

**Landa:** I think the central opposition has been multiple but similar to anywhere else that I can see. There are, obviously, the religious, who still have this belief that redemption comes from suffering, still have this belief that God has made you, and therefore you should not touch what God has made. You have no right to disturb. Et cetera. That is the religious communities.

You have also, I think, a big lobby from the financial groups. As I mentioned, the end of life is big business. If we start touching that and saying it is the individual concerned that decides, which we are doing more and more, financial groups could lose 30% to 60% of their revenues. We are recognizing that the individual has a right to say what he thinks is right about his health, but not yet to decide. That is starting to pose problems for those who are using us as test cases for their drugs or for their equipment. The equipment makers, for example, the sophisticated scanners, or the expensive drugs; some drugs cost more than \$100,000 a month for the person to take for cancer. Those people are saying, "If we let people decide when they want to die, we won't get the last 6 months where we can test equipment and amortize it".

Basically, today, the medical profession just has to say "We are trying to keep Mr. Landa alive a little longer." Who can object to that? And yet, in reality, more than 50% of even the doctors say that of operations and medical acts realized in the last 6 months, 50% of those acts are totally useless.

If 50% are totally useless and this represents billions of dollars, well, A, as good managers and caretakers we should be eliminating those useless acts. B, those medical industries impacted need to invest differently to maintain revenue. C, we should be re-allocating that money to preventative care, to the kind of care like dental care, eyeglasses, ... the kind of care that is going to make that the individual lives better. The lobbies I believe are still today over influencing our legislators.

Religion, finance and thirdly the fact that we are directed by people who are old. People who are old are of a generation that has basically played the game of, "I am not going to die. Never. I am going to stay forever young," like Bob Dylan sang; the myth of that kind of culture.

This is less the case with the younger generation. A little bit less. When elected, people get into positions of power, voting law for the right to die with dignity means that they must confront themselves to their own death, and they can't escape it. That is a difficult thing if they're not properly prepared to face their own destiny.

I think those are the three major reasons. You could also say that now, there are multiple cultural phenomena that join religious concepts. I know in France, for example, the Muslims and the Catholics are against it, the religious authorities, not the individuals, but the religious authorities are basically against it.

The religious authorities used to shut their eyes on the fact that priests were violating young kids. Things change. We are starting to see that issue come out of the woods. Well, we'll see death come out of the woods at some point, as well.

Jacobsen: In the United States, there's a group called "Catholics for Choice". The group focuses on pro-choice policies and implementation and initiatives, and programs, and so on. One thing that came through in an interview with the president of the organization was the split between the Roman Catholic Christian hierarchs, even with the pope putting out these turgid encyclicals, and then the laity, where if an advanced industrial economy and an accessible, the women will get contraceptives and reproductive health in spite of those dry encyclicals.

**Landa:** Absolutely. In France over 60% of "Catholics", people who claim to be Catholics, are for legislation that allows medically assisted dying at the request of the individual.

There's something else that deserves to be mentioned. If you lived as close as 50 years ago, we considered the elders to be people with wisdom and with things to teach us and things to tell us about.

But the world since 1950 has been speeding up at the rate of what we call, "Moore's Law". Initially, it was computer science that moved at that speed for the first 20 or 30 years but since the 21st-century computerization has entered the life of every profession, of the activity of humankind, we are moving at an incredible pace.

That means that the old people are less competent than the new ones at an ever-increasing pace. Especially since the old people are getting older and even older since we started prolonging their lifespan. That means that when you need to deal with society, need to deal with major issues like climatic change or human welfare, the knowledge of the elders is no longer relevant because the world has changed too much. It is the knowledge of those that are 30, or, 40, or 50 that is pertinent, or even 20 to 30.

I think that this is a major change in our society and a big change in everyday life. We are still living under the old habits of thinking that the old are wise. We are being led by people who are 60 or often much older, which is ludicrous. We can see that when you get a person like Barack Obama or Macron in France. Their vision and comprehension of things compared to guys like Trump or Bush illustrates the generation gap. It's not only age, more a question of mentality.

Most of our elected representatives, at least in Europe- I think it is getting less and less so in America- have traditionally been old people. We speak of the "old Europe". Society needs to go at the same rhythm as the rhythm in which jobs change and the rhythm in which discoveries are made, and the rhythm in which processes and methodology and everything that makes modern life. Difficult to face this everchanging world for most people. Hard to manage a society which is condemned to change or else to be obsolete.

Ecological concerns are part of that process. We are still living in a world that considers that nature is here to serve us. If we do not start thinking that we are a partner of nature, and no longer the oppressor of nature, then we are not going to survive, ourselves. Then we have got a real problem.

This thing about the old people directing the world or at least being in positions of importance is a real the handicap for moving forward, and for the right to die with dignity, of course.

Jacobsen: I like an easy argument for what you have presented. It goes like this. It is basically an argument for age independence of wisdom or correct views of the world. If an individual is 15 and they believe in Young Earth creationism, that person ages 60 years. Now, they're 75-years-old. They're still a Young Earth creationist. Does this ageing make Young Earth creationism any more correct?

Landa: Of course not.

Jacobsen: In that way, I think it is with wisdom as well.

**Landa:** For me, what you are touching on is the fact that one of the things that we have lost in the last 40 years, is we have lost the respect for philosophy. Poetry, which has been the mouthpiece of emotions, philosophy, which has been the mouthpiece of values. Those are things that through zero and one of the computer ages, we have put aside, and considered were unimportant.

I am absolutely convinced that we will soon be coming back to that because we must face a certain number of issues which can only be solved by respecting emotions, philosophy, intellectual honesty.

Those issues are all linked to Quality of life. A good illustration of this is the "augmented man" debate. Today, we can put an electronic piece in a person's brain and enable him to drive mechanical arms. Today We are able to replace the leg of a guy, that got amputated and put in a leg that makes him run faster than a human being. Today We are able to make a human being see in the dark where he couldn't see before, through the red-light spectrum.

The augmented man is clearly "more powerful" than the natural man. We can see that in those people who have used cocaine. Cocaine allows you to be more efficient, more effective-amphetamines as well, but only for a certain period. It destroys you, but "economic society" does not give a damn about destruction. Remember, the only law of nature is self-reproduction.

We are facing with the augmented man a new big dilemma. Is being human a specific value or are we just on the verge of a new evolutionary landmark, the meeting between the organic world and the mineral world of computer chips. Remember, silicon is a mineral, right? What we are discovering is that the organic world augmented by the silicon world, organic and mineral, is more powerful and more capable of dealing with things that either the organic or the mineral world, by itself.

What We are maybe experiencing is a whole new evolutionary process, where man will no longer be what we know as man, homo sapiens, but he will be "homo mineralis", and we will replace defective parts either by organic or mineral elements either to correct of to improve the individual. As a joke, I suggest to manual workers (cooks, plumbers, woodworkers, gardeners...) that they could use 6 arms like Shiva!

Look at how many people are being, today, surgically modified to look better. Millions, and young people. How many people tomorrow will say, "Put a chip in my arm. That way I can go and pay without having to bring out my chip card. I can go to the night club and be recognized like in Mexico" How many people will say, "Put a chip in my brain? I am going to be much more intelligent when plugged into the internet."

When you look at big data, imagine having the knowledge of the world as part of yourself. Observe how we already react today. Today, if I ask you a question and you do not know the answer, what do you do? You go on the Internet and you find the answer. Big data could be implemented in your head so that whenever you think of something, you go to big data to get it. That is a real possibility.

The question is, "What is it to be human?" Where are the emotions in this? Where is the philosophy? At what point do you say, "Whoa. I am being manipulated." At what moment in time do you enter the perfect world of Hitler with his blonde, blue-eyed perfect race? In the world of Google, Apple, Microsoft etc., where if you do not accept "cookies" (electronic spies) then you are simply excluded from the joys of the NET. Look at the Japanese creation of an electronic pet or the proposed inflatable sexual objects with sensual electronics. Those are the issues that face you in which we as old people can contribute by giving perspective ... a little bit. But the real issue is for you the individual to act upon daily.

The biggest revolution in the next 40 years is going to be the medical revolution. In 40 years, we'll look at medicine as practiced today and consider it the same way as medicine was practiced in the 1700s.

Your lifespan as a 20-year-old born in the year 2000 is most likely going to be 150 years. It is no longer 100 years. My life expectancy is probably 100 years. My father's life expectancy was probably 50, 60 years. We are in an incredibly revolutionary world.

Any other questions? I seem to be making you perplexed. [Laughing]

Jacobsen: Let me think. In an international context, given that we have the history, given that we have the organizations, given that we have the progress in France. What have been real successes in the international community? What have been honest failures in the international community? How can people build on those successes and learn from those failures?

Landa: You are asking that question in the relationship of the right to die or in general?

Jacobsen: Yes. Right to die policies being implemented or furthered in some way.

Landa: The Oregon law, for example, and the Swiss practice and Holland practice that has now been there for the last what, 20 years, practically, those are major advances that have influenced the world. Every country, I think, today, is considering this question and understanding that this is an important issue.

We are no longer, at all, in the same situation as I remember it being in 1980. 1980, we were looking at death and dying and we were all studying Elisabeth Kübler-Ross books and fabulous reflections on death and dying.

Today, there are still some battles being fought. Look at our president of the World Federation who is being attacked in South Africa for having presumably murdered three persons while in fact, he just helped people die. Look at how hard it is in France to get legislation voted even though people have been asking for this for the last 30 years.

I am not sure how to answer your question clearly. I am just saying that there are some momentous decisions. There are some situations that have made us backtrack a lot. I am thinking of Doctor Death in America.

I believe, personally, that Philip Nitschke, for example, is not doing any good to the movement. That is a very personal feeling. He is interested in his own personal interest and his own personal glory but it is not helping the society evolve. I cannot abide by what he is doing even if his last "invention," the death capsule, is a marketing beauty. I do not know everything he is doing, but the few exchanges I have had with him have not made me confident in his approach.

I think the Canadian government recently enacted an important law. I have cousins who are in the medical profession over there and who are saying that it is working out quite well, that people are getting to it. But again, we see that for the medical doctors trained in a "scientific way", it is going to be a slow process for them. They were not educated for caretaking, only scientific knowledge. You must understand that medical doctors were never educated to help people die. It was never considered as part of their profession even if every doctor learned during his practice to accompany people all the way to their death.

It is like a mother raising her daughter and saying nothing about sex. Obviously, the girl must discover it by herself and it may take some time. She may have some bad experiences. The real fault is her mother not having a frank discussion with her about it. That can be dramatic. She can get pregnant without knowing that she is going to get pregnant and have consequences for the rest of her life.

The same thing with a man, a father that doesn't tell his son that ejaculation is not a bad thing, and that becoming a person who's copulating all over the place, you'd better well protect yourself otherwise you might get AIDS. Those are important things to tell people.

That is the case with dying with dignity. We do not teach doctors to face death, which poses big problems. We must remember doctors are human beings, first. They may be good and professional people, but if they cannot face their own death, then facing a patient who's dying is a traumatic experience. In medical education in France, we are fighting to get doctors to have more than just a 2-hour course in 5 years on death and dying. To protect them we must limit their realm of the decision to medical decisions and not allow them to substitute themselves to their patients in deciding about treatment or care.

You might consider 3 periods for your life. One-third you are being born and growing up, one-third, you are being an adult in the achievement processes, and one-third you are declining physically heading towards death. [Laughing] That is basically what life is all about.

We can discuss and segment life much more, but really life is a series of phases in which we can live fully and each is important. I spend a lot of time working with people, helping them to understand that. This is the reason I am writing that book on the end of life. When you are 30, 40, you are in full expansion. You buy a house, you have a big house because you have got kids, you have got lots of friends coming over. When you get to be 60, 65, the kids are gone. You have this house with five bedrooms and three bathrooms, or whatever. You do not need all that. All it is keeping you down. All those things, those things that you have around you that are just encumbering your life, you do not need them anymore. You better adapt your environment to your needs and live now if you want to live, daily, your own life. Too many live in an imagined life and not an experiential daily life of discoveries, pain, pleasure, emotions.

Younger generations know that much better. For example, they do not like old furniture. You know why? Because they can go to Ikea, buy the brand-new stuff for real cheap, and they can throw it away in 3 years and not worry about it. The new generations have learned, and are learning every day, I think, still, to get rid of stuff, to unburden their lives.

The old generations do not know that. The old generations just accumulate, accumulate, accumulate. One of my favourite statements is, "Why in the hell when I die, should I leave a bunch of shit behind me for my kids to deal with?"

Jacobsen: The Egyptians were the biggest example of this, in history, the pharaohs. They brought their slaves with them, sometimes their cats.

Landa: The Chinese, as well. Look at their armies.

**Jacobsen: Right [Laughing].** 

**Landa:** To answer your question about what the biggest advance is. What is interesting in France is that you have had terrible cases, obvious cases of people suffering, and people eventually helping somebody die in a terrible situation, *et cetera*. Each time that those cases have come up, somehow or another, we have had legislators make a law, a good or a bad law, it doesn't matter, but make a law to try to deal with it.

I think that is not the way to make laws. Laws should be long-term reflections and should envision all the systemic repercussions. That is why we have a lot of laws that are manipulated by rich people. When you are rich, you can have a good lawyer. If you have a good lawyer, he can have thousands of people working for him. You can always take all the texts of law and transform them because they are contradictory, and present to a judge a reading of the law that suits you. If you are poor, you cannot do that.

I think one of the biggest problems facing society today is that as we have computerized, we have become more and more complex. As we become more and more complex, we become more and more contradictory or we open loopholes for people to pass through beyond the will of the majority. Therefore, some people are getting rich on the backs of others without doing anything.

What is your next question, doctor?

Jacobsen: If an academic, or researcher, works on these specific topics and even potentially works with people at the end of life, what are some bad things that have, in the history, happened to their academic careers? Have they been torpedoed?

**Landa:** That is an interesting question. I am not sure I am competent to answer that. You are hitting the limits of my knowledge, there. I think I could answer that by taking the ball in another way. I have, in the last 30 years of working on this movement, been torpedoed by big bosses of the medical profession who have tried to ridicule me because I was a young punk, a 30-year-old, talking about something that was important. With their stature and their maturity, they simply dismissed me and I did not have the guts or assurance to tell them they were abusive.

I have had ministers basically tell me that I was a shit. Even though I am a courageous guy, and so forth, it is true that when you are 30 and you have got a 65-year-old guy who is a minister saying, "What does he know about this?" "Yes, it is true. I have only 30 years' worth of knowledge about life. You have 65. You should know better, but you shouldn't be such an asshole, either." [Laughing] That is basically my encounters.

I think one of the things, to answer your question about intellectuals looking into subjects and being torpedoed initially and then veneered later. It is true of any subject that you open and then you achieve progress in. I made my career out of doing things that IT professionals were too scared of doing. I had the intuition things could be done because I had the right human contact with the knowledgeable people, I knew sufficiently the subjects through my readings, to know that what I proposed was possible and I had perseverance and essential quality for success. I had a successful career due to that.

When Windows 95 came out, which was a brand-new operating system, I was asked if it should be deployed. Apple, up to then, was considered the most user-friendly but in 1995 had been taken over by financiers with no vision. Windows 3.11 was just a piece of shit in terms of enduser interaction, but it worked well. It was just no longer viable. I had to put people who were using Macs into a Windows environment.

I went to Windows 95 and migrated 1700 people into that environment in 6 months, even though Windows 95 only had three or four months of age and was unproven. I became a hero because of that. I did it because I knew the guys who developed 95 and I knew the tests that had been made and I had confidence, but people around me were scared as hell.

In any profession, when you go into uncharted grounds, when you go into situations where you say things that are not the common way of saying things, you get to sometimes have broken careers and sometimes be put into the cupboard.

Look at the way the people who have revealed the Panama Papers, how they've been destroyed, or their lives have been impaired, it was the same thing in our movement, I think. When you are honest and you say things, clearly, you are putting souls who are dishonest into bad situations and they'll use all their power to try to get to you.

Jacobsen: Why?

Landa: Because you are undermining their power. Simple. Their stature. What does a person have? He has money, or he has recognition. If you attack one of those two elements, you are attacking the individual. You cannot help but attack the individual on those bases if he is being an asshole saying stupid things, or if he is making money off the back of people that he is exploiting. There's just no way you can avoid it.

The biggest war tomorrow is between the rich and the poor. The rich tomorrow are going to consider that the poor are using too many natural resources, so the survival of their well-being is going to dictate to eliminate the poor. It's a natural selection process.

Jacobsen: We see this in many contexts, just in terms of clean water, drinking water.

Landa: Absolutely.

Jacobsen: There are places like Gaza. About one million kids, 70% identified as refugees since the 1948 situation. 97% of the water is unfit for human consumption. It is contaminated. In other words, of the approximate two million people there, one million who are children, one million children are being slowly poisoned by contaminated water. That is a microcosm of probably a larger context and concern around clean drinking water.

**Landa:** Sure. The Jewish extremists are happy to kill off as much as they can and contain the Gaza Arabs so that they can continue their expansion. It is a war between two populations. That war is being supported by the authorities that are in power all over the world, which is completely ludicrous but that is the way it is.

Which doesn't mean that I am against the Jews! I am Jewish myself. My name is Landau originally, but during The Inquisition in the 1470's, and they changed it to Landa to try to avoid being killed by the extremist Catholics.

Jacobsen: Just being mindful of time. With respect to becoming more informed in the international *lingua franca*, in terms of reading, what are some articles or books you would recommend for people interested in the right to die, dying with dignity, euthanasia, medical assistance in dying, and so on?

**Landa:** I would refer you to Derek Humphry for all his writings. I think he covers a large spectrum. I would recommend going to Elisabeth Kübler-Ross and to quite a few of the philosophers who have written on the subject, the social workers or the philosophers. Specific ones, I would not remember off hand. It depends on your culture, depends on your ability to read in different languages. I think there are thousands and thousands of books on the subject today.

I think also I would recommend films. There are some, good films at the end of life decision and why people have done it and taken it, *Million Dollar Baby*. Some are more big, public and big show kind of stuff, and others... but they're all putting together this question about, "What is the meaning of life?"

I have put together in the past, and it can be found on most internet sites from associations on this subject, a bibliography for the French people. I would go to the World Federation web site WFRtD.

With the Internet today, it is so easy to get good reading material, and there's so much of it. The problem is there's too much of it. [Laughing] That is probably my answer to there's too much of it, so anywhere you pick, you probably will fall, 80% of the time, on the good stuff.

Obviously, those who are more recognized philosophers, more recognized social workers, more social scientists, those who are more affiliated to a movement, probably have written most of the most accessible, easy material. The film "Jean's way", or Derek's own autobiography is interesting. Finally, there is a landmark book that I would recommend. The *Tibetan Book of the Dead*, that is a fabulous book.

Jacobsen: How?

**Landa:** That is an immemorial book that one should have read as it dwells into the dimensions of life. But again, you can also read some of the religious philosophers of the 17th century, or 18th century — 18th century more likely, who have good questions about this stuff. [Laughing] It is a vast subject. What is life about?

Boudewijn Chabot wrote an interesting book on dying painlessly from hunger, another method I recommend for those who have time.

Jacobsen: Thank you for the opportunity and your time, Pascal.

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