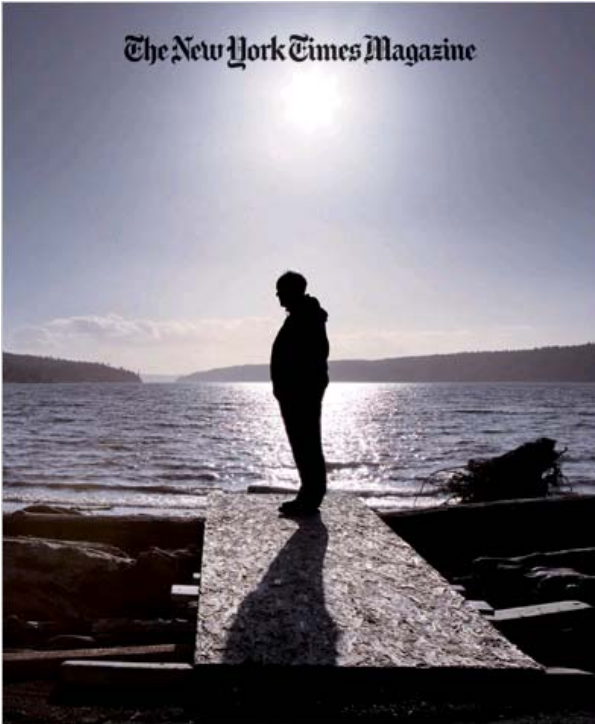


# Death in the Family



By DANIEL BERGNER  
December 2, 2007

"This will be my last campaign," Booth Gardner said. "This will be the biggest fight of my career." He walked along the lane between the beach of driftwood and his compound of houses. The driftwood clotted the shore; it was the end of summer now, and the cove was still, but in winter massive branches and trunks churn up out of the water of Puget Sound. Bone-white roots clawed at the air on this late afternoon; Gardner's grandchildren climbed across them. His walk was a vigorous lurch. One foot twisted inward, one knee buckled. His torso keeled slightly with each step. He has Parkinson's. He was governor of Washington State for two terms in the 1980s and '90s. He is 71, and his last campaign is driven by his desire to kill himself. "I can't see where anybody benefits by my hanging around," he told me, while his blond grandchildren, sticks prodding, explored the water's edge.



From the beach on Vashon Island, where Gardner spends much of his summers, not far from Seattle, he drove me to the island's town. His Lexus was cluttered with debris: a crushed soda can, a tattered magazine put out by a local pollster, an old plastic cup from McDonald's, a torn T-shirt, sunglasses missing a lens. Wearing a gray fleece, he led me into a simple restaurant with rustic décor. Full cheeks and green eyes impish, he chatted with the waitress and tried to start conversations with the people at tables around us. "You're not having dessert?" he asked a young couple immersed in each other. Almost everyone seemed to recognize him, and almost everyone was friendly — he'd been the state's most popular governor in recent decades. But it wasn't always clear how interested they were in talking. The young couple gazed back at him, perplexed. It was 14 years since he'd been in office.

"Why do this?" he asked, turning from the other tables toward me. "I want to be involved in public life. I was looking for an issue, and this one fell in my lap. One advantage I have in this thing is that people like me. The other" — his leprechaun eyes lost their glint; his fleshy cheeks seemed to harden, his lips to thin, his face to reshape itself almost into a square — "is that my logic is impeccable. My life, my death, my control."

The campaign he was starting, when I spent time with him this summer and fall, goes by the name of "death with dignity," and the statewide law he hopes to enact by popular vote on Election Day of 2008 would allow for "physician-assisted suicide" or, as the death-with-dignity movement prefers to call it, "hastened death" or "aid in dying." The law would let doctors prescribe lethal doses of narcotics to terminally ill patients who ask to end their own lives. It would be modeled closely on a statute in Oregon, the only state where the movement has been successful. In all others, suicide is not illegal, but in nearly all it is a crime to help someone kill himself. (The law in a few states doesn't address the issue of such assistance, which leaves the one assisting exposed to possible prosecution.) The movement has put measures like Gardner's directly before voters once already in Washington, in 1991, and in California, Michigan and Maine in the years since, and it has tried several times to turn its vision into law through state legislatures. Some of the failures have been narrow. The referendum in Washington was defeated 54 percent to 46 percent; in Maine 51 percent to 49 percent. With Gardner giving voice to its cause, the movement hopes for momentum.

Yet the proposed law in Washington wouldn't go far enough for Gardner. It wouldn't include him. Parkinson's isn't terminal. The disease can leave the body trembling, contorted, rigid; it can rob the memory and muffle the voice; it can leave a person still and silent; but it doesn't offer an end to its torture; it doesn't kill. Gardner wants a law that would permit lethal prescriptions for people whose suffering is unbearable, a standard that can seem no standard at all; a standard that prevails in the Netherlands, the Western nation that has been boldest about legalizing aid in dying; a standard that elevates subjective experience over objective appraisal and that could engage the government and the medical profession in the administration of widespread suicide. What is unbearable? What level of acute or chronic physical pain would qualify? What degree of disability? Would physicians be writing suicide prescriptions for the depressed?

Gardner's campaign is a compromise; he sees it as a first step. If he can sway Washington to embrace a restrictive law, then other states will follow. And gradually, he says, the nation's resistance will subside, the culture will shift and laws with more latitude will be passed, though this process, he knows, would almost surely take too long to help him. He knows he probably won't be able to carry out his wish for himself, not openly and legally: to secure a suicide prescription from a doctor, then to assemble his son and daughter and their mother, his first wife, on the porch of one of the houses on the compound, the one where his first wife now stays. There, facing the driftwood, he would tell them goodbye before going off by himself — while he still can go off by himself — to take his pills and die. He wishes he could do this, despite the energy in his ungainly stride and his ability to drive and the strength in his voice as he tries to connect with the people he once led, reaching out for their attention, asking, "You're not having dessert?" Only his current cause keeps him much interested in living — this and one other goal: to connect with his son, Doug, whose growing up Gardner missed as he took power in business and politics, and who is repelled by his father's campaign.

**The arrangement of houses** on Gardner's Vashon estate, and who stays in them, is a map of regret. His daughter (who didn't want to be interviewed for this article) and son, his grandchildren and his first wife stay in houses along the water, exposed to the sun; he occupies a sparsely furnished house, ensconced in fir trees, up a steep hill from the others. It is reached by a different road. "He provided for us," Doug told me, "but he wasn't there for us."

The two men don't look much alike. Doug's tanned and lined face is slender, his nose sharp; his father's features are blunt. Doug's body, at 45, is as lithe as a teenager's and seems almost frail; Gardner's thick build lends him a look of resilience even with Parkinson's, though the disease can overtake him suddenly during the day, his distorted but determined walk giving way to consuming exhaustion and a craving for sleep. Doug's steps are light, tentative, and when he sits he appears to fold inward on himself, minimizing his narrow shoulders, as if he wishes to assume none of the power he watched his father acquire. It hardly seems possible that he was once a collegiate all-American on the tennis court.

"Dad," Doug remembered, "was known as the 800-pound gorilla." Some of Booth Gardner's outsize presence came by way of Booth's stepfather, a scion of the Weyerhaeuser timber fortune who ran the family empire for 50 years. Gardner was handed a measure of wealth. And after graduating from Harvard Business School, he was put in charge of a sizable portion of the family

enterprise. But in politics, Gardner's rise was due not only to money but to a way he had of winning affection, to a self-deprecating charm some attributed to his being an outsider, a stepson, within the family that made him rich. Peter Callaghan, a columnist for The Tacoma News Tribune who covered Gardner's administration, recalled that Gardner described his approach in the governor's office as "M.B.W.A.," which stood for Management by Walking Around, meaning shaking hands and chatting with citizens and employees. The letters were a dig at his Harvard M.B.A. A moderate Democrat, Gardner wasn't inspiring about policy, but he was loved.

Gardner and his son told the same story. "I wasn't a good father," the former governor said to me. "I didn't give him enough support. So he found it in religion." Doug told a longer version: his father's absence; his own "very rebellious" youth that he resisted discussing in detail; his coming under the guidance of a devoutly Christian tennis coach at Pacific Lutheran University, where he had enrolled not for reasons of religion but for the chance to get his undergraduate business degree after his grades failed to qualify him for the business program at the University of Washington. "I was lost," he said about the years before his tennis coach found him. "Dad has done all these things. Success in business. Owning sports teams. State senator. County executive. Governor. How? He cut corners. He lost his wife. He didn't spend enough time with his kids. Kids equate love with time, with being there. Not with, 'Dad bought me a great tennis racket.' My dad missed it. Where was he when I needed help?"

In conversation, Doug often lowered his head, sometimes in forgiveness. Booth Gardner's mother died, along with his sister, in a plane crash when he was 14. When Gardner was in his late 20s, his biological father, a car salesman and alcoholic (whom his mother had divorced years before), jumped or fell to his death from an upper-story hotel room. Sometimes Doug talked about his father's failings with pity, as the product of Booth's own early losses. But sometimes the lowered head — and lowered voice and wincing expression — seemed part of a strenuous attempt to restrain a lancing anger. "We don't need Booth and Dr. Kevorkian pushing death on us," Doug said quietly about his father's campaign. "Dad's lost. He's playing God, trying to usurp God's authority."



**The Last Campaign** When exhaustion overtakes him, Booth Gardner naps in the bed that he slept in as a child in one of his family's homes.



**Still Waiting** Doug Gardner feels his father missed Doug's childhood and is now trying to play God.

**“Is there any way to accelerate this?”** Susan Wolf’s father asked. Wolf, a professor at both the law and medical schools of the University of Minnesota who has devoted her career to bioethics, is among the nation’s most prominent thinkers about physician-assisted suicide, and I stopped in Minneapolis to see her on one of my trips to Washington. This summer, she recounted, her father lay in a hospital bed with cancer in his thyroid, lungs and liver that blocked his esophagus so that he couldn’t swallow and left his bedding soaked in blood. His question came without warning. The decision to remove life support had already been made. In agony, and with dignity having drained away, he was asking for something faster, something more.

Wolf had spent decades opposing assisted suicide. Her thinking isn’t the kind that the public tends to associate with the opposition. It is easy to see the fight against death-with-dignity laws as religiously driven, propelled by Catholics and by born-again Christians like Doug Gardner, set on defending the sanctity of life and the hegemony of God. The Catholic Church was the primary financial backer opposing the 1991 assisted-suicide initiative in Washington, and it will probably play the same role in the coming year. But progressive perspectives like Wolf’s, perspectives infused with feminism and with the politics of minority and disability rights, form some of the most influential opposition arguments. And these arguments seem to correspond with a wariness among women and minorities. National polls show Americans about evenly split on legalizing physician-assisted suicide, with majorities of women and African-Americans opposed. “Our base,” Christian Sinderman, a consultant to Gardner’s campaign, said, “is well-off, well-educated white men.”

On the same afternoon that she talked about her father’s question, Wolf, who wore a black blouse and black pants and reading glasses hooked over a beaded necklace, spoke about women: women as caretakers; women as affected by long-scripted cultural roles of sacrifice and suicide; women as prone to defer to the paternalism of their physicians, who are most often men. She looked composed as she sat in her living room filled with antiques, below a painting of a white surf rushing toward sandy cliffs, but her voice was filled with urgency.

If women are expected, above all, to care for others, for children, parents, husbands, she asked, aren’t they particularly likely to view their own lives as without value when they become so sick or disabled that they are the ones who must be cared for? Might they be especially likely, at that point, to see themselves as burdens and, if assisted suicide were legal, to request that their deaths come right away? And might this tendency be compounded by a cultural lineage exalting female suicide, a tradition going back, Wolf suggested, borrowing from the work of the French classicist Nicole Loraux, to Greek tragedy, where suicide is carried out almost exclusively by women? “This lineage has implications,” Wolf writes. “It means that even while we debate physician-assisted suicide and euthanasia rationally, we may be animated by unacknowledged images that give the practices a certain gendered logic.” Words like these could sound academic, and Wolf’s fears could seem theoretical. But her ideas aren’t easy to dismiss when considered alongside the killings administered by Jack Kevorkian, the Michigan physician who, between 1990 and 1999, made a personal crusade of helping the suffering to die, mostly by hooking them up to his self-designed death machines, the Thanatron and the Mercitron.

The first reported patient to seek him out and receive his aid was a 54-year-old woman with Alzheimer’s disease. His first eight such patients were women, and half of them had no terminal condition. Of the reported 75 suicides Kevorkian assisted through 1997, according to research by Silvia Canetto, a psychology professor specializing in the study of suicide at Colorado State University, 72 percent were women, and more than three-quarters of those women were not terminally ill. (Multiple sclerosis affected about 30 percent of them.) The disproportionate number of women could not be explained by the fact that women generally live longer than men and so might be more likely to want to escape life at its end. The average age of Kevorkian’s female patients was a year younger than that of his men. And, Canetto noted, Kevorkian’s women were more often middle-aged than elderly.

Canetto had examined, as well, information gathered by the Hemlock Society — a death-with-dignity organization that has since evolved into Compassion and Choices and is helping to finance and advise Gardner’s campaign — on 102 mercy killings in the United States between 1960 and 1993. Sixty-five percent of those killed were women. About 90 percent of those who performed these mercy killings were men, who tended to be spouses or sons of the women and who most often used a gun. The data in this second Canetto study are problematic: the Hemlock Society information consisted mostly of collected newspaper reports, and this may have skewed the numbers for several reasons, among them that violent deaths are more likely to get the attention of the media — and are more likely to be the work of men. But there seems nothing suspect about the Kevorkian figures, and together the two studies made Wolf seem less like a professor conjuring concern from abstraction and more like a quiet prophet.

How could physicians not be affected by society’s vision of what makes women’s lives worthwhile? And how could female patients not be influenced by the societal judgments reflected in their doctors’ eyes, especially when their doctors bore the inherent power of being male and when those societal judgments were already so deeply internalized within the patients themselves? To incorporate the delivery of death into medical training would, Wolf said, cause a fundamental shift in medical consciousness; the condoning and teaching of assisted suicide would mean, in ways both subtle and significant, that such aid was encouraged. And when a doctor was confronted with a desperately ill and despairing woman, he would be more likely to think, under laws like Gardner’s, that she would be better off dead. Whether the patient requested death and the doctor swiftly agreed, or whether the doctor softly suggested it and the patient, confronting a verdict of her own worthlessness, consented, the result would be the same. “My life, my death, my control,”

Gardner liked to say, but Wolf wondered about this logic of autonomy, a logic underpinning the individual rights arguments that drive the death-with-dignity movement and that come down to a simple question: Why shouldn't my death be my choice? Wolf wondered whether autonomy was equally available to everyone. Absolute claims of individual rights, Wolf writes, "wrongly assume that all face serious illness and disability with the resources of the idealized rights bearer a person of means untroubled by oppression. The realities of women and others whose circumstances are far from that abstraction's will be ignored."

Yet two months earlier her father confronted her with his reality. He had once been a lawyer with his own small practice and a love of battling large firms. "Powerful, intimidating, very much in command," she remembered him. Now he was wasted nearly to nothing. Now he was terrified. All he had left, it seemed, was his full head of graying hair. "He looked up at me in the I.C.U.," she recalled, "and asked — it was pathetic — what will happen? Will I see it coming or will I fade away?" And soon after that he asked if his death could be accelerated.

"It was an excruciating moment," she said. She knew from her work that it was sometimes done; illegally, discreetly, lethal doses of drugs were administered. "No," she told him. Her reply was reflexive, spoken before it was fully considered.

The doubt rushed in after she stepped away from his bedside. "'No' was consistent with everything I've said and written for two decades," she told me, "but there was my father in that bed. Do I still believe this? Is the answer still no? Now that I'm in the fire, do I still hold to it? I did not want to see him suffer — his fear, his anxiety. I rethought everything. I really struggled." But the answer didn't change. "I had a sense that there was a wall there, and that it was there for lots of reasons." Her father had always loved it when she stroked his thick hair, and that was what she did at his bedside, over and over, while he waited.

**Oregon's death-with-dignity law** was passed by a 51 percent majority in 1994 and took full effect, after legal challenges, in 1997; its first decade doesn't seem to substantiate Wolf's fears. The statute mandates that the patient — who must be at least 18 and an Oregon resident — make two requests no less than 15 days apart, and that two physicians affirm that the patient has no more than six months to live and doesn't suffer from any mental disorder, including depression, that might impair judgment. The usual prescription is a lethal dose of barbiturates; a physician can be present when the drug is taken but can't help physically in any way to administer the drug — this would be considered euthanasia and is illegal even in Oregon. The law has been used sparingly so far. In each of the last five years around 38 physician-assisted suicides on average have been reported, as required, to Oregon's Department of Human Services. And the deaths have been divided about equally between men and women.

Wolf acknowledges that Oregon's experience may mute her worries about the vulnerability of women, but she questions the low numbers; she wonders about the assisted suicides in Oregon that are implicitly encouraged by the law but that go unreported. (In a survey of American oncologists, published in 1998 in The Journal of the American Medical Association, 16 percent replied anonymously that they had carried out assisted suicide or euthanasia.) She wonders what might be revealed by those unknown Oregon figures, whether a pattern like Kevorkian's might lurk there. And Canetto, the suicide researcher, sees a troubling sign even in the available Oregon statistics. In the United States, women kill themselves about four times less often than men. The evenly divided numbers in Oregon may be an indication, she suggests, that women are being pushed toward deaths they wouldn't otherwise embrace.

That type of push — gentle, perhaps, but impelling — is what frightens State Senator Margarita Prentice for minorities and, too, for all of us. Mexican-American, Prentice has been a liberal state legislator in Washington for almost 20 years, going back to Gardner's time as governor, and she was a nurse for more than three decades before that; she speaks with affection about Gardner and with pity about his illness. "I've always thought Parkinson's was the worst thing to have," she told me, as we sat in a booth in a coffee shop in the town of Renton. "Alzheimer's is better — you don't know what's happening. Parkinson's you know. It's a cruel disease. I don't know why the Lord does these things to us. But I'm damned scared of this law he's trying to pass. I'm scared of the loosening."

She wore a necklace with the Ten Commandments inscribed into 10 tiny gold pages, but her opposition to Gardner's campaign didn't seem to rely on religion. She spoke about the rising Latino population in the state and the country, about the resentments and fears this engendered, and about the effect this might have, no matter how unconscious, on physicians' approaches to caring for Latino patients, on their regard for Latino lives.

I'd heard related worries from Patricia King, an African-American professor at the Georgetown University Law Center, and a specialist in bioethics, who invoked the racism of the Tuskegee sypilis study, and who spoke about the disparities reported recently by the National Academy of Sciences in health care received by blacks and whites, by way of questioning whether the medical profession is yet capable of treating black and white lives as holding equal value. The academy's report cited the relative lack of intervention provided to blacks for a range of diseases, while pointing out that there are some procedures — measures that may speak of disregard — that blacks are much more likely to undergo, among them amputation.

Yet race didn't account for all of Prentice's concern over Gardner's mission. Remembering her career in nursing, she talked about the way family members say to the sick, "I just can't stand to see you this way." "That person, who might be suggesting suicide under this proposed law, is worried about his own feelings — I can't stand — not the patient's," she said. Round and animated, Prentice seemed, despite the subject, relentlessly cheerful, but I asked how deeply she distrusted human impulses. "I'm 76 years old," she said and laughed, implying that she'd seen plenty to justify distrust.

"**When I was 14** I dove off the Platte River bridge," Duane French said. "It was Aug. 13, 1968. The bridge was 13 feet high, and I didn't know the water was only three feet deep." He'd suggested we meet at a Starbucks outside the Washington city of Tacoma, and we sat at one of the blond-wood tables, he with a narrow handsome face, a rakish sweep of gray hair and stylish rectangular steel-framed glasses and a body that is, for the most part, paralyzed. He can move his arms somewhat, but without much control, and his wrists are locked so that his hands remain fixed at extreme angles to his forearms. His fingers are gnarled and immobile, his shoulders and legs are wispy with disuse. "Booth Gardner," he said, "with Parkinson's, with a disability, is a brother. But he'll be on TV telling his story; his campaign will be a telethon for death, a parade of the miserable. 'Cast your vote and help them die.'"

The death he referred to was his own — and the deaths of others with disabilities. Death for people like him would come through the pity stirred by a message like Gardner's, a message that, in effect, pleaded for the right of the disabled to end their lives. It made little difference that the statute Gardner offered didn't actually include this right; to French, the restriction to the terminally ill was irrelevant, both because French sensed Gardner's gradual plan for a law that was far more inclusive and because the mere image of the crippled former governor arguing on behalf of assisted suicide would be enough to convince the public that the disabled were better off dead. To fight Gardner, French had just started a Washington chapter of Not Dead Yet, a national advocacy group for the disabled. He laughed as he explained that the organization took its name from a scene in a Monty Python movie. It was easy to forget, between the attractive angles of his face and his sense of humor even about the slapstick of his high dive into the shallow Platte, that he sat in a wheelchair. It seemed that he, too, sometimes forgot. But often people reminded him with their praise, their earnest expressions of admiration that came, he said, in various forms of the same thought: "If I were in your position, I would kill myself."

"For years when I was young and idealistic," he went on, "my dream was to change the way our culture views people with disabilities. As I grew older and more cynical, I wanted to at least reduce the internalized oppression. So many with disabilities are self-oppressed." Gardner's effort, he said, would feed their shame. "People with disabilities will think, I should do this" — give up, die, disappear — "for everyone else." And doctors would be complicitous, encouraging. "It comes down to, is it worth it to go on? The public is going to be saying no, and doctors are not immune to that."

French didn't yet have much to fight with — his nascent chapter of Not Dead Yet amounted to a few volunteers — but he wasn't going to surrender to Gardner's vision, not politically, not personally. He mentioned a woman he'd met and fallen in love with. He talked about a photograph he thought beautiful: Muhammad Ali and Michael J. Fox, both with Parkinson's, Fox wearing boxing trunks and gloves, standing toe to toe with Ali, indomitable. "I've been through all the suicidal grief," he said. "Now I'm living in the full wonder of my life."

**Gardner doesn't live** like a man waiting to die. He works out with a trainer three times each week, and though his regimen is a long way from his preparations for the marathons he once ran, he was proud to let me know that he'd lately gained the stamina to last for six minutes on his exercise bike — and that he pedaled for three six-minute stints during each session. He said he wanted to climb Mount Rainier this coming summer with Doug. Gardner reached the 14,410-foot summit in 1990. It wasn't easy to imagine him now, with his skewed stride, crossing glacial snow and skirting crevasses at high altitude. But there wasn't much of an impish gleam in his eyes as he mentioned his goal. He wasn't joking. He would hike along a level trail, he explained, and if he could handle that, then he and Doug and his trainer would head up to Camp Muir at 10,000 feet and from there, if he could still cope, to the top.

Last year, 12 years after his diagnosis, Gardner chose to endure two operations on his brain. Kept conscious during the surgeries, he heard drilling that reminded him of a wood shop and smelled cranial debris that reminded him of dead fish. The surgeons planted wires in his subthalamic nucleus and threaded them down under his scalp and the skin of his neck to a battery-powered disk imbedded under the flesh below his collarbone — the electrical stimulation lessens the symptoms of his Parkinson's, though it is far from a cure and hasn't stopped his body from betraying him more severely over time.

Gardner wants death but won't acquiesce to his disease. The drugs that are prescribed, like the electricity, to mitigate his symptoms are kept and meted out by his assistant. When Gardner kept them himself he took far more than was recommended. He couldn't bear the shuffling, the stiffness "like the Tin Man in 'The Wizard of Oz,'" the stumbling; "it does not fit with my concept of who I am." He swallowed as many pills as he needed to fit his concept. But the medication's side effects softened his judgment: one night about three years ago he swiped a guardrail; another evening, going to his grandson's baseball game, the police pulled him over for reckless driving. Recognizing him as the former governor, the police drove him to the ball field.

He talked about other ambitions besides Rainier. Inspired by Western art he saw on a recent trip to Tucson, he plans to learn to paint. He acknowledged that this might require a steadiness of hand that his illness will not allow, but the acknowledgment was vague. And this winter he intends to ski. “With the Parkinson’s it will be difficult to turn, and it’s not healthy to go downhill skiing without turning,” he said, laughing. “But Doug will help.” His son was once, as well as an all-American in tennis, a ski instructor. “Doug will be there.” Doug’s being beside him, anywhere, often seems his ultimate dream. And Doug shares that yearning, but says it goes mostly unfulfilled. Doug coaches his oldest son’s soccer team, and when he told me about all the games Booth misses, Doug seemed to grieve as much for himself as for his son, as if he were still the junior tennis star wishing for his father to appear at court side and watch his matches.

**In a black blazer** and gray slacks, Gardner delivered, one evening this fall at a cocktail party just outside the city of Everett, what had become his standard speech. I heard it two days earlier at a meeting with union leaders. His campaign, with start-up funds from local and national right-to-die groups and from his own fortune, was getting under way with a series of small events to educate the influential about his cause. Soon his staff of four or five would begin to raise money and to assemble what they hoped would be hundreds of volunteers and a crew of professionals to gather the 225,000 signatures needed by July in order to place his proposed law on next November’s ballot.

No one doubts Gardner will get the necessary signatures. And anyone with a political memory going back to 1991 expects the fight for votes to be fierce. The ’91 contest over a referendum similar to Gardner’s was, at the time, the most expensive ballot campaign in the state’s history. Polls showed the law about to pass, but in the final weeks a barrage of television advertisements helped to defeat it. In one ad, a healthy-looking man with a rural twang to his speech recounted that four years earlier doctors told him he had two weeks to live; if a death-with-dignity law existed back then, he said, he might have chosen a quick death. In another ad, a hospice nurse warned: “Those who can’t afford health care and insurance could be pressured to have their lives ended. It could become the ultimate in discrimination.”

Gardner was governor during that battle, but, bafflingly to him, he can recall nothing about it. “I was completely oblivious to it,” he told me. “I couldn’t have been, but it’s as if it never happened.” Nothing compelled him, as governor, to take a public position, and it appeared that he kept silent, yet this didn’t explain the void in his memory. His Parkinson’s does frequently rob him of short-term recall and may deplete his long-term recollections, but this particular and perfect blank was an improbable symptom. Was it possible that he was completely oblivious at the time? The opening of his speech, to the union leaders and tonight at the cocktail party, offered a way of understanding this strange emptiness in his mind. “I was on a roll,” he told his audiences about the years before his illness. “I was on the fast track. The world was good. I thought I was indestructible.” Perhaps, to an extreme degree, this athletic and powerful man hadn’t wished to hear, to admit, that anything else was possible. “But then,” he went on with his speech, “I lost control of my life.” He saw his campaign not only as a way to give his life purpose but as a mission of morality, a final gesture in a career of public service, a career he traced back to his early 20s, to coaching a community football team for kids in one of Seattle’s poorest neighborhoods. In 2003 he was honored for this work of half a century ago; the trophy, with a bronze bust of Jimi Hendrix above the words “Jimi Hendrix Foundation Humanitarian Award” and “Inspiring Our Youth,” sits in the basement of Gardner’s house on Vashon Island.

Hendrix, as a young teenager, was on the team, Gardner told me, and somehow the foundation discovered this. “He had a forerunner of his famous Afro, and he didn’t have an athletic bone in his body,” Gardner said. Gardner wanted to cut him, but the other kids asked the coach to keep him on, and during the season, when Hendrix missed a series of practices, Gardner went to his house. He found the utilities shut off and the boy upstairs in his darkened room fingering chords on a broom. Gardner persuaded him to return to the team and, as he remembered it, sent him in at running back at the end of the season’s last game. “On the first play he got clobbered,” Gardner said. “So I called time and told the kids to block hard and the next time he gained eight yards.”

Soon after declaring that he’d lost control of his life, Gardner, standing in front of the 30 cocktail-party guests, lost control of his speech. He gazed out at his audience, out at the mayor of Everett and at the editor of the Everett newspaper. His eyes weren’t leprechaunlike or hard-set, but soft and scared, bewildered. He couldn’t remember what he meant to say, and several seconds went by before he recovered. “This law is the moral thing to do. No one knows better than ourselves when we’re ready to go.” He paused again, eyes now in full panic, Parkinson’s ravaging the paths of recall. At his side sat a white-haired woman, Arline Hinckley, from Compassion and Choices, who accompanied him to all his presentations to answer questions — about the specifics of the statute or statistics from Oregon — that were beyond him, but also to prompt him when he stopped, disoriented, in the middle of his speech, which wasn’t written out; to read his speech wouldn’t have fit his concept of who he was. At the meeting with union leaders two days earlier, he asked her several times, “Give me a word,” and she said, “safeguards,” and later, “dignity,” to stir his brain to produce his next sentences. But tonight he wasn’t using her in this way, perhaps because she, too, didn’t fit his concept. He found words at last. “I wish we could do a more liberal law, but we’re going to pattern it after the Oregon law because it passed. We’re not going to go farther than that now.” Another protracted silence. “My goal is to lessen the pain of dying.” He smiled helplessly. This time lost words could not be located. “I’m going to quit here.” He turned to her. “I got through it.” He laughed quietly at his predicament. The guests applauded.

Afterward everyone mingled, and Gardner, without all eyes on him, talked more easily, thoughts unforgotten. He'd told me that his greatest achievement as governor was summed up by employees who said it was fun to work for the state with him in office, and watching him at the party, it was easy to believe that he had that effect. Even through the rigidity and despair of his disease, he made people feel that he was focused on them. And they were drawn to that focus. It was easy to sense, too, how Doug might have felt growing up: that his father could attend to everyone except him.

A guest in a blue dress shirt and khakis and thick-soled walking shoes pulled me aside. "I gave my patients a big bottle of Percocet," he said abruptly, then told me that he was a retired urologist named Tom Cooper, and that when cancers of the urinary tract had metastasized in his patients in excruciating ways, into their spleens and livers and bones, that when he could do nothing more than be a friend to them and their families, he would "talk compassionately to his patients about suicide, if they raised it." He said: "Imagine the pain they're in with cancer in their bones. Imagine the pain of one bee sting. Then 2 and 3 and 4 and 12 and 20 and 300 all over your body. It's that kind of torture. And that's just the physical."

He told me that many times he'd prescribed large quantities of painkillers to his patients, suspecting they would likely be used in suicide. "They say: 'You know, I don't want to suffer. I don't want my family to suffer.' And they ask, 'If I took a bottle of these would it kill me?' And I tell them, 'Yes, it would.' " Thinking of Oregon's stipulations and of the rules that would apply in Washington, he went on, "I would never seek a second opinion" before giving this kind of aid. "It's too much of a pain when we know what we know. Why would I want to fill out 14 forms for the state when I can do it the way I did 20 years ago?" His words seemed to affirm the fear I heard from Wolf, Prentice, King and French, if changes in law made such aid more acceptable. It seemed an ominous combination: the vulnerabilities of certain patients and the self-certainty of many physicians within a society that does not see all lives as equally worthwhile. But this fear could feel abstract in comparison with other terrors. "None of us want our sons and daughters to clean our soiled underwear for months as we die — it's a humiliating way to go," Cooper said. "Yet none of us want to step outside and put a 12-gauge into our mouths, either."

**Cooper made clear that** doctors could provide the means for suicide much more easily to cancer patients than to people like Gardner. Cancer patients are already receiving narcotics for pain. But for someone with Parkinson's or multiple sclerosis, or someone who is quadriplegic, he pointed out, there is no legal prescription that will readily kill.

In 2002, the Netherlands legalized physician-assisted suicide and euthanasia not only for the terminally ill but also for those who suffer intolerably and incurably. And for almost 20 years before that, the practice of hastening death was condoned by courts in the Netherlands. Around 2,000 Dutch patients die by physician-assisted suicide or euthanasia each year, according to Margaret Battin, a bioethicist at the University of Utah, who referred to a series of Dutch surveys. (Battin is a supporter of aid-in-dying laws.) In addition, it is estimated that 900 people are euthanized annually without formally requesting it; many are too incapacitated to make their wishes known but are deemed by their doctors to be suffering unbearably, while the rest informally expressed their desire to die before falling into a state of incompetence.

Opponents of right-to-die laws argue that these figures don't account for unreported deaths, that the true numbers are much higher. (Taken per capita, the Netherlands figure of 2,000 would translate into about 36,000 deaths in the United States.) And opponents emphasize that liberal Dutch attitudes on aid in dying have led physicians to help in the killing of depressed adults and newborns who have been deemed to be severely impaired. Supporters say that such killings are extremely rare and, in the case of infants, regulated by careful medical codes.

"**I fear the day**," Doug said, "when he meets his maker." Father and son had grown apart over decades, and now, toward the end of Gardner's life, they were utterly divided over his death. "Autonomy is all about I, me, I, me, I, me," Doug said. He saw the principle behind his father's proposed law as misguided, and he saw his father as terribly self-involved not only for the statute he supported but because his advocacy seemed driven, above all, not by principled belief nor even by a personal wish to die but by an attempt to place himself, one last time, at the center of the public's attention.

And meanwhile Gardner longed, too, for the attention of his son. "I can't make up for that," he said, lamenting his past failures as a father. "But a while ago I wrote him a card. I said, 'This is good for one free lunch per week.' And that broke the ice." The card came a few years ago, and it was hard to tell, listening to Doug, how much ice had been broken. They spend time together, he said, once or twice each month. Sometimes they meet for lunch; they have talked occasionally about Gardner's law, but they mostly avoid the subject. Talk of sports fills awkward silences. Sometimes they see each other while watching Gardner's grandchildren play sports or perform at a recital — encounters Doug described as often fleeting, with Gardner stopping by to watch for 15 minutes, then vanishing. "Dad is not turning things around and spending more time with his kids and grandkids," he told me. "It's been my hope that things between us would be kindled, but I think that's a real long shot." And he said: "We're parallel. I'm passionate about things that flow from faith. We're never going to connect."



Yet Booth Gardner had his dreams: of climbing Rainier with his son and skiing with his son and, perhaps just as improbably, being united with his son through his death-with-dignity campaign. Gardner came up with the notion during one of my visits. “I’ve got an idea I want to run by you,” he said eagerly to me one morning. “How about a series of debates where I take my side and Doug takes his?” He envisioned a kind of father-son barnstorming across the state. “It would be like we were in business together. There are lots of father-son business teams. I’ve always envied that. It would be a chance to be together doing something we both care deeply about.” And within his fantasy, it seemed, would be a chance for Doug to beg him, over and over, publicly, to live; for Doug to declare, again and again, his love; for father and son to be, in this final and repeated act, reconciled.

**Gardner’s condition** has a particular resonance for me. My father has Parkinson’s. Until a few years ago we still skied together as we did during my childhood — and much of that childhood skiing was done in the mountains near Seattle, the city where our family lived during the years just before Gardner’s time as governor. We even hiked on the lower slopes of Mount Rainier, though there was never much contemplation of attempting the summit. My father was never the athlete that Gardner once was.

But he could make serviceable parallel turns, swim an elegant crawl, toss a baseball and walk for miles in New York City, where we both now live, and we did these things together, or he did them with my children, until a few years ago when his balance began to waver and he could barely right himself after falling on his skis, and his legs started to drag downward in the water, scarcely able to kick, and his shoulders grew rigid so that he has trouble raising his arms, and his stride became tentative, painstaking. Mostly he stays in his apartment now, and though I live close by, I visit him too briefly, too infrequently.

Before traveling to Seattle to meet Gardner for the first time, I felt I had to tell my father about the article I would be working on. I put off visiting and telling him, and put it off and put it off, until the day before my flight, when we sat at his dining room table and I said, “This isn’t a message.” I had been afraid that he would interpret my choosing this subject as a signal of my wishes. I had been scared that the mere fact of the subject being broached between us would lower barriers — within him, within me; against suicide, against a quiet kind of patricide — barriers whose existence I didn’t even want to think about, because to acknowledge them would be to confront the impulses they guarded against. We fled from the topic as abruptly as I’d raised it.

“**I think it would** have been terrifying,” Susan Wolf said, imagining her father’s question about accelerating death, if the law had been different, if it had given her permission — and subtly encouraged her — to say yes, if the doctors on his ward had been poised to take his life. It was easy to understand, palpably, how much closer she would have been to the precipice: I had felt that simply uttering the phrase “assisted suicide” to my father could alter the terrain of our lives, might tilt his narrowing universe steeply toward death, that the echo of my words would become an insidious, lethal whisper in his ears. A change in law could surely whisper like that. “That which is legal becomes that which is moral,” Sister Sharon Park said. A nun, and a veteran of the opposition from 1991, she wore a blue blazer of thick wool and a pinstriped dress shirt as we talked in a conference room overlooking the grounds of the headquarters of Seattle’s archdiocese. “I don’t mean moral in a religious sense. I mean just what is O.K. The law is normative. This would be a dramatic shift in our culture.”

She talked, then, as others had, about the threat of Gardner’s statute to society’s denigrated and dismissed citizens, but her words on law and culture suggested too a different danger. For the realization of Gardner’s vision would allow not only the terribly sick but the healthy to escape the horrors of death. Men like Wolf’s father might go more swiftly. My father might die before his uncertain steps give way to immobility. And sons and daughters like me would not have to confront so much decrepitude and mortality, the realities that keep my visits too brief and infrequent. We would have less protracted and harrowing intimacy with degeneration and death. We would be spared, and that would be our loss.

In the world of Gardner’s vision, Wolf might not have leaned toward her father’s face for so long and stroked his hair so many times. And I would not have to find a new way to be with my father, with the skiing and swimming and walking gone, through all that will come next. Yet what a luxury to think like this. What a luxury for the well to have their profound moments with the tortured. What a luxury, perhaps, even to focus so much on the effect Gardner’s law might have on society’s vulnerable. How could such ennobling considerations matter, in the end, to the dying, who are lost within the base and brutal truths of their decomposing bodies? Could they want anything more, at their very weakest, than the power to escape? Was that power worth more than each stroke of a child’s fingers through their hair?

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