How would you like to die? Quickly and easily? In your sleep? All have their merits. Why the question? On the recent Argus cycle tour a 60-year-old man died of a heart attack at the top of Suikerbossie. Last year the same thing happened on Chapman’s Peak and someone has died of some sort of cardiac insult in most of the cycle tours that have taken place over the years, particularly since the numbers competing have risen to such dizzy heights.

Last year, an 80-year-old woman was killed by a shark just off Fish Hoek in False Bay and a 52-year-old man died of a heart attack on the 8 km run held the day before the Two Oceans. In the same year a young man, a local surgeon’s son, was also killed by a shark off Noordhoek Beach while surfing. The latter case doesn’t really fit into this article because of his age, but in some ways the same points will apply.

I must admit, coming from a very long-lived family who have a habit of simply dropping dead (usually in their 90s) without any preceding long period of illness, that I am assuming a quick and relatively easy death for myself. The idea of slowly decaying from a series of chronic illnesses over a period of years, followed by weeks in a hospital, is not appealing. Hence my reaction to most of the above deaths (the young surfer’s aside) was, ‘what a good way to go!’

I don’t know how many people think about their possible mode of death. Perhaps I am being unusually morbid, but it is definitely something that I have applied my mind to. I was once asked, having cycled to work at Groote Schuur emergency unit, if I wasn’t afraid that I would live for ever. I replied that I knew that I would live for a long time and I wanted to be healthy when I died (and actually, I would love to live forever!)

Another strange concept – being healthy when you die. But that is something that the cyclists who die on the Argus achieve, as did the elderly lady eaten by a shark off Fish Hoek beach. I hope that something similar may happen to my father on his daily walk up to the Smuts path in Kirstenbosch. I hope that something similar may happen to my father on his daily walk up to the Smuts path in Kirstenbosch (not being eaten by a shark of course – a bull terrier is the more likely assailant). I certainly know that this is what he would want. In fact, he has repeatedly asked that we shoot him on his 80th birthday. However, he may have changed his mind. He turns 80 next year and has recently acquired a young cat to share his old age. Perhaps he knows very well that I am not likely to deprive his cat of her home so soon although, realistically, we will have to find another home for her at some stage.

What led to these musings? A small piece in the Lancet about hospitals and the demise of community respect for the institutions. They are talking about the UK, of course. I am not sure quite how much respect communities in Africa, particularly in smaller centres, have for their hospitals. But one thing is for sure – they are seen as places where people go to die and will probably remain so, regardless of how good, or otherwise, they are. The Lancet sees hospitals (in the UK) as ‘temples to high technology’. The same certainly cannot be said of state institutions in this country – or in those of our neighbours either I would imagine. You are more likely to find high technology, used or abused, in private institutions. But then high technology does not always mean easy dying – often the contrary in fact. Technology seldom makes the end dignified. Clinical decisions about whether or not to treat or resuscitate, particularly in an emergency, are often made on the basis of what can be done in the way of prolonging life, without much thought for whether or not it is appropriate to do so. The patient is lost in a mass of investigations, CVP lines, drip solutions and tubes. Death is usually inevitable – it is just a question of how long it can be staved off.

How would I like to die? Well, ideally, like my 98-year-old great aunt who was found dead in bed one morning. But failing that, on the Two Oceans half marathon, in my late 90s – towards the end of course.

Bridget Farham

 Apparently not only women need to worry about genetic defects if they have children late in life. Middle-aged men are more likely to father a child with Down’s syndrome than younger men, according to epidemiologist Jørn Olsen at the University of California. Using the Danish Fertility Database for information on 70 000 couples and their first-born children, he found that men over 50 were more than 4 times as likely to father a child with Down’s syndrome and that their babies were also more likely to have limb defects. The risks are apparently much less for older fathers than for older mothers, but, given the trend for delaying child-bearing, this should be borne in mind.

Olsen J. Hum Reprod 2006; 20: 3173.