

Euthanasia as a Caregiving Fantasy in the Era of the New Longevity

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Michael Haneke's *Amour* received an exceptional degree of adulation for a film in which a husband smothers his frail, helpless wife. It won the Palme d'Or at Cannes 2012. The American Academy nominated it in five categories, including best actress for Emmanuelle Riva, the murderess, and Best Foreign Language Film (which it won). Although some reviews hinted that Jean-Louis Trintignant's perfect caregiving as the husband, Georges, would go sour, most avoided critiquing the shocking ending. In fact, without giving it away, they praised it. Calling all the (unspecified) violence in *Amour* "crucial," the *New York Times*' Dargis described Haneke's worldview as "liberatingly unsentimental." A *Boston Globe* critic praised the film's "hard, hushed sanctity" (Burr). The husband, Georges, "copes in his own mad, heroic way," Peter Conrad gushed in the *Guardian*. That a strange film, seeming to explain how "euthanasia" can occur, has been highly acclaimed while remaining almost unexamined ethically is worrying.

Amour might be ignorable if our society were not implicitly ageist in many ways—a case in point is the American President's agreement to slash Social Security's Cost-of-Living Adjustment (COLA) despite the fact that most Americans favor leaving it alone. But the rarity of the topic and the ethical omission make *Amour* worth discussing—and teaching—as a literary-visual document whose signature event ramifies into nursing, film and theater, disability and age studies, psychoanalysis, philosophy, law, and social policy, and our hearts and lives.

The major implicit conviction of the plot is that even a loving and patient caregiver will crack under the strain of caring for a stroke victim. Georges is devoted for so long, and so stoic, even matter-of-fact,

that only two scenes prepare the viewer for his emotional breakdown. One is when he slaps Anne. The other is his dream, foretelling violence. Georges is walking down his hallway filling up with water, when he is attacked from behind by a hand over his nose and mouth. Who would not retaliate to such a brutal home invasion, which is what Anne in her changed state now represents to his subconscious? This scene even foreshadows his sudden decision to suffocate her, rather than letting her die, as she is apparently doing by refusing food and water. How can viewers object when they have admired him so long?

Anne never repeats her early wish to die, which at the time Georges had movingly refused to abet. There is no crucial conversation later to put her consent beyond a reasonable doubt. (Just to dispel a myth: People who say “I would kill myself if that happened to me,” often find after it happens that they feel only a longing to prolong life.) But despite Anne’s lack of consent, and her struggles as she is suffocating (also clearly shown by the director), viewers may feel they understand Georges and not notice how the film treats Anne.

A French friend of mine viewed the film empathetically through Anne’s situation, not Georges’s, and wrote to me that the deck was stacked against the stricken woman: “Right away, you are frightened by her circumstances. The husband is very hapless and ignorant, thinking his wife is making fun of him when she is having a minor stroke. You are scared he will not get her to the emergency room in time. (He doesn’t.) You feel that he will be very fragile, more than her. The daughter also has to be a problem. She is hanging by a thread in her own life.”

Others, apparently identifying not with the victim but with Georges’s predicament as a caregiver, see *Amour* as a beautiful tragedy—*Othello* for the bedridden.¹ But moral disasters of this order can sometimes be prevented. In life we want to learn how to avoid having loving attention turn into exasperation, despair, and homicide. Nursing for most of us untrained people is unaccustomed and oppressive work. In *Amour*, Georges seems to be giving us good instructions; viewers may feel grateful. But experts—nurses, feminist gerontologists, disability activists—might

warn us that Georges is *too* dedicated, *too* private. Because of the risks of ill health and depression, caregivers are advised to get respite care and provide a social life for themselves and their loved ones. Every stoic choice of independence makes Georges's burden, and Anne's on him, greater. We never see him confiding in a friend. Staying at home alone together—his haughty declaration that Anne refuses to be “shown”—is ill advised. He isolates them, even preventing their daughter from helping.

A daughter better educated about disability might have affectionately persuaded her mother—as long as it was possible—to go out for a walk in a wheelchair, get a gorgeous haircut, visit a friend. People are no less human because they are disabled or see themselves as deformed. Their shame need not be the last word. Other people's smiles, eye contact, and conversation can convince them they're still likeable. Even when people can no longer speak or respond, loved ones can sing, tell stories, repeat “I love you.” End-of-life care can be even more difficult than chronic care. Georges doesn't train the obtuse aide; he self-righteously fires her. Grandiosity is a risk for solitary caregivers: *I can do it all, I can stay the course.*

Georges had more compassionate alternatives available. Haneke knows that this is murder—that suffocation means air-hunger, a dreadful death. And if Georges had kept skilled help, he would have known that Anne was dying already. But Haneke omitted another option. France has a 2005 law that permits assisted dying. (Under President François Hollande, it is planning to expand the circumstances in which doctors can help.) Euthanasia, illegal in France as in the United States, is not contemplated.² A doctor who makes house calls—as their family doctor, Bertier, does—could have provided adequate pain medication. Morphine would have eased her dying. The first novel I know about morphine-assisted dying is, in fact, French (1922-1940): Roger Martin du Gard's *Les Thibaults*.

Amour actually ends in a murder-suicide, as Georges lurches, psychically disintegrating after he fires the aides and is left for weeks alone. After dressing Anne's body, he seals her room, stalks a bird, hallucinates that she speaks to him, puts on his overcoat, and vanishes. Distinct risk factors for murder-suicides include untreated depression and being an older

male caregiver. But older caregivers in the United States (the context with which I'm most familiar) are, in fact, mostly women, not men. Such women—millions of them—are certainly stressed, since the United States has particular problems with end-of-life care, as with all chronic care. Hospice (palliative care at home, which is what most Americans say they want) is inadequately funded. End-of-life-care at home is expensive. Yet however stressful caregiving may be, the outcome is rarely murder-suicide. Its incidence (reported in 2009 by Dr. Scott Eliason) remains at under 0.001% in the United States. Still, the research of Julie Malphurs and Donna Cohen suggests it is rising among male caregivers over fifty-five. The researchers regard the danger as an emerging public health concern.

Insofar as the film engages any character's interior life, the screenwriter seems identified with the male caregiver. Haneke, now seventy, knows that role personally. A ninety-two-year-old aunt who had raised him asked him for help in dying. He couldn't do it. When she tried suicide, he found her and brought her to the hospital, according to an interview in the *Guardian* (Conrad). Haneke may be giving voice to the fear on the part of a self-abnegating caregiver that he will—or must—go mad finally in order to eliminate his charge and end his own ordeal. The hand that smothers Georges in the hallway appears to come out of his own head—possibly the most psychologically charged image in the movie.

My father died in 1974 of Lou Gehrig's disease. Surcease of his suffering certainly crossed my young mind as I helped my mother and a skilled nurse care for him at home until the end. But we couldn't have executed it, and my father thankfully never asked us.

Euthanasia is a fantasy, but perhaps not uncommon. The frightening side of the media's relentless longevity discourses about the demographic catastrophe of aging has taught us to anticipate our future duty to care, and to dread it. Individuals may fear they will be unready for giving intimate long-term personal care to someone they love: we want to do it well, or even perfectly, but are shocked by its unremitting demands (Gullette "Florence Nightingale"). Georges's breakdown might scare potential (or actual) caregivers about the dire consequences to themselves of being devoted.

For such reasons, it's worth speculating further as to why this fictional instance of euthanasia—at least, gendered euthanasia—was almost ignored, and sometimes extravagantly praised, when it opened in 2012-13. If Emmanuelle Riva had been cast as the caregiver of Trintignant and had smothered her speechless, bed-ridden husband in a fit of madness, would this film have been embraced by the industry and reviewers?

Amour provides both the punishment of the fantasy, and the fantasy. *The New Yorker's* Richard Brody, one of *Amour's* strongest critics so far, thinks the writer/director has brought viewers into complicity with homicide as mercy-killing through “an overwhelming preponderance of mitigations.” I agree. Georges's nightmare—the surrealist close-up of the hand closing over his face—is harrowing, arguably more than the medium shot of Anne's leg pumping as she tries not to die. Many of us can imagine ourselves better as caregivers than as victims of “mercy” but some may even believe they would prefer being killed in such straits. For many reasons, we may not be able to weigh rightly the interests of the potential victims versus that of the caregivers.

The film omits the moral argument against caregivers who turn to euthanasia. It has been plainly stated by a philosophy professor I admire: “The most salient feature of their state is that they are not at risk [of death], so they don't have to act to save themselves.” Because *Amour* details Georges's long caring so respectfully and portrays Anne's decline from the outside so cruelly, it becomes hard to disagree with his masochistic choices or even notice his sudden, reckless breakdown. Georges is provided no moral struggle before he acts; his recalling an anecdote about his own mother in childhood seems to suddenly trigger the act.

In such ways, the film seems to justify a nonconsensual termination of illness—not as a pained caregiver's rational judgment but as his driven need. By directing Jean-Louis Trintignant as Georges so empathetically and not showing what happens to him after he vanishes, Haneke may also be expressing an unconscious prayer that any such tortured murderer be forgiven—first because of the compassionate care he previously provided, and finally by the nonbeing he apparently deals himself. Confronted by a

depressed and homicidal perpetrator, a grand jury lacking disabled people might see instead the sad hollow-eyed Trintignant. Merely hearing about the ending of *Amour*, however, distresses some members of Not Dead Yet, an international group of the disabled which seeks equal access to suicide prevention and medical care, and argues that the consequences for murdering one's disabled spouse or child should be equal to those for killing people who do not have disabilities. It is odd to learn that Haneke won a prize for *Amour* from Vienna's Society for Geriatrics and Gerontology (Gerontology Prize).

Reception also depends on the context in which an art object is seen. *Amour* arrives in an America that is already ageist, in which people who are old and sick—especially if they are also speechless—are often avoided. Many oncologists would act on their belief that a patient's age alone justifies refusing life-saving care. Women with cancer, a study in *The Oncologist* reported, would receive less therapy if they were seventy-four than if they were sixty-three, although otherwise-healthy patients can obtain the same benefits from a given treatment as younger patients (Foster, et al.). This is an example of under-treatment. Under-treatment is promoted by the conventional wisdom that we should avoid “endlessly prolonging the morbid phase of our lives.” This attitude should be reassessed, “because [m]any seriously ill people find the morbid phase of their lives well worth prolonging,” in the words of Felicia Nimue Ackerman, a philosopher at Brown University. A Georgia group from Not Dead Yet explains: “Sometimes conditions mislabeled last stages are far from last, and sometimes conditions mislabeled terminal are merely incurable, like many of our own conditions” (Smith).

The media rarely report on under-treatment, from people terrified they won't get the care that might help them—“the SOL—shit-out-of-luck—people,” as the daughter of a Floridian bitterly described the case of her mother, unable to get cancer treatment. Instead we hear in the media how expensive old people are to treat, how much over-treatment there is, and how patriotic it would be if more would die cheaply. The word “burden” recurs. Although many Americans abhor the idea of removing

tubes from comatose patients, mercy killing of the old and sick—especially those with some cognitive impairment—may be moving into a different moral/conceptual space. As I learned when researching my latest book, *Age-wise: Fighting the New Ageism in America* (2011), the image of “the old Eskimo on the Ice Floe” appeals to many people who don’t object to—or perhaps don’t even notice—the socially-coerced nature of that mythical form of killing.

Aside from exorcizing his own imaginative transactions with Georges, Haneke as a screenwriter may have felt that a long film about patient marital nursing needed a touch of violence—and thus chose to focus on a perversely active man rather than a passively suffering woman—because decline is monotonous. But whatever his motives, to me *Amour* suggests that we desperately need more serious narratives written from the viewpoint of patients—*old* and/or disabled people—like Arthur Kopit’s *Wings*, the brilliant play (first produced in 1979 with Constance Cummings) about a former aviatrix who has suffered aphasia.

Ours is the fearful era of the New Longevity, where many people are made to feel, or at least are forced to accept that others feel, that their lives are worth ending. I have suggested why Haneke’s violent euthanasia fantasy—the terrified and terrifying part of this film—is especially dangerous to our cultural health now. Warmth toward Georges’s devotion is symptomatic of a culture that has failed to prepare adequately for the duty of care; indifference to Georges’s crime suggests a culture lacking knowledge or ethical imagination about living with dying.

But *Amour* can also be interpreted as Haneke may have *consciously* meant it to be, given his intimate, life-long relationship with his loving aunt. Seen this way, it is a forceful argument to rescue flawed, exhausted, isolated, and bewildered caregivers; support long-term care insurance and hospice; stop shaming people who are disabled; legalize assisted dying, but only hedged with careful precautions; and, perhaps most of all, teach the intrinsic value of people who are disabled, old, frail, or speechless. So that we can identify more deeply with them, our future selves.

NOTES

¹ Desmond O'Neill, a geriatrician, left the theater "in sadness that the final events might be construed as noble or beautiful in this context."

² France is planning to amend a 2005 law to broaden the circumstances in which doctors can help with assisted dying. Dr. Didier Sicard, who advised on the new legislation, is radically opposed to inscribing euthanasia into law (Fitzpatrick).

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