

Mary Riddell



It was hailed as the end of the fight, but the pictures made it look like one more victory. The best-known image of Jane Tomlinson showed her, smile stretched in jubilation, at the end of a half Ironman triathlon. Last week, seven years after being diagnosed with terminal cancer, she finally stopped racing against fate and time. She was 43.

Tomlinson's story was both ordinary and singular. In 1990, she contracted breast cancer and trained as a radiographer before the disease came back. When her specialist told her in 2000 that she had six months to live, she began the sporting career that would take her through four marathons, three triathlons and bike rides covering thousands of miles, during which she raised £1.75m for charity, as well as seeing her children grow up and her granddaughter born.

Though mercifully light on flowers and Kleenex, the surge of feeling provoked by her death, after a short stay in a hospice, had other trappings of the Diana wake: Elton John, the bard of national mourning, dedicated a song to her, Gordon Brown called her 'a daily inspiration' and the Queen was 'saddened'. Tomlinson's obituaries were as full of praise as those for Luciano Pavarotti, who died just afterwards, also of cancer.

If not quite Everywoman, she connected with too many lives. Each year, 44,000 women in the UK are diagnosed with breast cancer and 12,500 die every year. Though the numbers of those affected have increased by 50 per cent over two decades, survival rates have also risen greatly. Most breast cancers are diagnosed in women over 50 and almost eight in every 10 sufferers will live for five years or more. Young women who, like Tomlinson, face aggressive forms of the disease are in a minority. Yet the language attached to cancer (never by her) is thick with doom.

Just as 19th-century literature was packed with the easy and sainted deaths of those suffering from the great killer, tuberculosis, so cancer took on its own, more ominous, myths at a time when the presumption was that disease should always be curable. Britain, which has one of the lowest five-year cancer survival rates in the developed world, cannot always fulfil reasonable expectation, let alone fantasy. Even so, many patients can expect excellent treatment and long lives.

Although stories such as Tomlinson's are inspiring, they also acquire a darker undertone of illness as an enemy only to be kept at bay by superhuman effort. Her crusade, a 'gruelling fight' and 'a battle', was reported like a Nato campaign. No one talks of flu as if it were the viral wing of the Taliban, but the war script was partly justified in Tomlinson's case. She was, indeed, a woman of exceptional valour intent on prolonging her life.

The downside of such tales is the percep-



There's more than one brave way to die

Even as Jane Tomlinson valiantly sought to prolong her life, many others are being denied the chance to end their lives as they choose

Jane Tomlinson is welcomed home in Leeds after her 2,000-mile tandem ride from Rome.

Photograph by Matthew Roberts

tion that surviving cancer is always tantamount to an SAS mission. If those who dare may win and live, then those who falter and fail will surely lose and die. At a time when people dream of immortality but cannot rely on doctors to supply it, or God to underwrite it, the notion that the mind can triumph over the body has become more potent. Throw in some carrot juice, de-stressing techniques and human will and you, too, can be a miracle of survival. That is the message conveyed by pseudo-science and nurtured by raw hope.

There is another reason why individual power of life over death sounds plausible. Surveys of Whitehall civil servants in the 1980s showed that the risk of dying among those on the lower rungs of the career ladder was four times higher than those at the top. The difference reflected the fact that the

bosses had more influence than the workers over their lives. When being in charge can affect how long you live, it is easy to see how people might seize the idea of being able to control an illness.

Positive thinking is not always a bad strategy. At best, it improves quality of life. But at worst, as Jean Slocombe of Cancer Research UK says, it can be 'an additional and unnecessary burden'. It's normal to be frightened and depressed by serious illness. Those denied Herceptin, or even radiotherapy, because their postcode is wrong, are entitled to anger and misery. Others, including some of the bravest people I know, have died rapidly of cancer, despite yearning to stay alive. The tyranny of the think-yourself-

better evangelists might brand them all as failures.

Some time ago, a report in the *British Medical Journal* exploded the theory that a 'fighting spirit' was associated with longer survival from breast cancer or that 'helplessness and hopelessness' predicted poorer outcomes. The researchers analysed existing studies from 1979 onwards and discovered, essentially, that the idea that the redoubtable live longest was rubbish.

Among the ten previous studies on those whose illness made them anxious and depressed, the BMJ authors also found no shred of proof that either of these psychological factors had any impact on whether or not a cancer recurred. Similarly, eight studies exploring 'problem-focused coping' produced no link with prolonged remission or cure. The authors concluded that there was no good evidence that 'acceptance, fatalism or denial have an important influence on outcome.'

If Tomlinson had lapsed into gloom, instead of running marathons, she might have survived for not a second more nor less. But I do not imagine that she lived as she did to score a points victory over cancer. Her really inspiring message seemed encapsulated in her determination to leave a living picture of herself for her son, who was three when she was first told she would die. 'Now he'll know a bit about who I was,' she said.

Death has always had flamboyant rituals. The materialists of the ancient world, expecting to have it good on earth and in the hereafter, were buried with their concubines, ships and jewellery. This cash-and-carry approach was ended by the rise of monotheist religions and the idea that death was the defining act of living. Done correctly, it was the conduit to Heaven. Bungled, it marked the path to Hell.

The elaborate death gave way to the functional graveyards of the First World War, and eventually to dying privately, with as little fuss as possible, and in hospital. Tomlinson seems, in contrast, part of a new mood of openness. The internet contains blogs in which the terminally ill make their deathbeds open house and no child, however cosseted, can be immune to the mortality stories played out on television and on city streets.

In this bleak landscape, Tomlinson offered a vision of salvation for a secular age, in which the meaning of a life is no longer measured by what comes after death, but by what precedes it. She also showed up, however inadvertently, the cold heart of the British way of death. In hospital wards, too many people are prevented, by good medicine and bad faith, from ending agonising lives with dignity.

Four out of five Britons believe doctors should be allowed to help the terminally ill die, if he or she so wishes. But the churches, once impresarios of death, block any attempt to make assisted dying lawful. In a ghastly travesty last summer, a consultant who helped ease the gasping of two dying babies was dragged through a misconduct case before being cleared. I do not know Jane Tomlinson's views. But such cruelties seem to fly in the face of her triumph as she crossed another finishing line. Our legislators should heed the lesson her courage offered to strangers: that people should be entitled to die whatever brave death they choose.

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