Forum: Human Rights Commission

Issue: The Question of Euthanasia as a Medical Solution.

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Introduction

The concept of euthanasia evolved before the discovery of lethal chemicals to assist the dying patient. The original notion of euthanasia was that of the physician preparing the patient for a peaceful death by attempting to relieve the psychological distress accompanying the dying process.

Euthanasia is a subject that involves communities, societies and their general beliefs. Derek Humphrey and the notoriety of Jack Kevorkian are as much a reflection of changing societal values as they are a stimulus to public discussion. The magnitude of public interest is demonstrated in legislation of assisted suicide, an issue that is prevalent in western countries.

It is known that it is illegal to kill someone, even if they ask to be killed. Assisted suicide is a big debate among large social groups particularly the more liberal countries in today's world, e.g.: Sweden, Switzerland, The Netherlands, Canada, The United Kingdom … etc. The debate centers on whether or not assisted suicide is an acceptable prescription of medicine and when and how it should be prescribed if legalized.

The former Dry Jack Kevorkian was sentenced to 10 – 25 years in prison on allegations of assisted suicide. Dr Jack Kevorkian talked of the societal acceptance of voluntary euthanasia and highly promoted this practice. Derek Humphrey the president of the euthanasia Research & Guidance Organization (ERGO) at the time of Dr Jack Kevorkian's conviction stood by the doctor saying that

"The severity of the sentence on Kevorkian will drive the practice of voluntary euthanasia and assisted suicide even further underground. It will not stop it. Kevorkian is by no means the only doctor who helps people die - just the one who does so and also openly campaigns for societal acceptance of the practice. "Kevorkian's martyrdom - self-imposed as it is -- will speed up the day when voluntary euthanasia for the dying is removed from the legal classification of 'murder' and recognized as a justifiable act of compassion."

As we make resolutions on the use of euthanasia as a medical solution, I suggest we take it from the perspective of the terminally ill patient. Opening up euthanasia to specific illnesses and mental conditions. The use of euthanasia, assisted suicide must not be used inappropriately and must not be prescribed to patients who are simply seeking to die of no just cause, illness or mental condition.

However as delegates you may also choose to side with the abolishment of the practice, suggesting society must not conform to such methods as one should not be able to determine their time of death. The result of such situations would be the implementation of mental institutions geared to make people who are terminally ill eager to live on.

Key Terms

Euthanasia: the act or practice of killing or permitting the death of hopelessly sick or injured individuals as an act of mercy.
Assisted Suicide: suicide by a patient facilitated by means such as a drug prescription, (lethal injection), provided by a physician who is aware of the patients intent.

Terminal Illness: An incurable and irreversible condition caused by injury, disease, or illness that would cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying.

The Right to Die: The right of a terminally ill person to refuse to have her or his life extended by artificial or heroic means and often called passive euthanasia; the withdrawal of feeding tubes and other artificial means of life support from a terminally ill person.

The Right to Life: The right to life is a moral principle based on the belief that a human being has the right to live and, in particular, should not be killed by another human being.

Autonomy: In a medical context, respect for a patient's personal autonomy is considered one of many fundamental ethical principles in medicine. Autonomy can be defined as the ability of the person to make his or her own decisions.

Self-deliverance: is what the law would call 'suicide' but that term is not considered appropriate for an adult near the end of life who chooses to accelerate their inevitable death. Such endings can be brought about by overdose of barbiturates or using an exit bag containing the inert gases helium or nitrogen.

Countries and Organizations Involved

EUTHANASIA RESEARCH & GUIDANCE ORGANIZATION (ERGO) (UNITED STATES OF AMERICA):
is a nonprofit educational corporation based in Oregon, USA, was founded in 1993 to improve the quality of background research and information for hastened dying for persons who are terminally or hopelessly ill and wish to end their suffering. ERGO holds that voluntary euthanasia, assisted suicide, physician-assisted suicide, physician-assisted dying and self-deliverance, are all appropriate life endings depending on the individual medical and ethical circumstances.

JAPAN SOCIETY FOR DYING WITH DIGNITY (JSDD) (JAPAN): has been promoting the concept of dignified death by issuing living wills seeking and supporting the right of a person to live pleasantly and die peacefully.

FRIENDS AT THE END (FATE) (THE UNITED KINGDOM): Friends at the End is a UK membership organization promoting knowledge and understanding of end of life choices and campaigning to change the law to allow Assisted Dying in Scotland and across the UK. Friends at the End believe that medically assisted dying should be available to all mentally competent adults with either a terminal illness or an incurable condition, causing hopeless and unbearable suffering with no reasonable alternative to relieve it, provided this is their own persistent request.

LILACH: THE ISRAEL SOCIETY FOR THE RIGHT TO LIVE AND DIE WITH DIGNITY (ISRAEL): Lilach – Israel Society to live and Die with Dignity works to protect the human dignity and prevent the suffering of patients who are dying. The organization fights for legislative, legal and civil recognition of the right to live and die with dignity, which means avoiding the artificial extension of life for a terminally-ill individual who is against it. The organization does not promote or support active euthanasia.

SOUTH AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY (AUSTRALIA): Aims to achieve legislation that will allow a hopelessly ill and intolerably suffering patient to request and receive a quick and peaceful death, brought about under medical supervision and subject to prescribed safeguards.

END-OF-LIFE CHOICE SOCIETY OF NEW ZEALAND INC. (NEW ZEALAND) : The mission of the End-of-Life Choice Society of New Zealand is change the law to entitle adults, with a terminal illness or an irreversible condition that makes their life unbearable, to have the right to choose how and when to die and to have medical assistance to accomplish that. We call this end-of-life choice.

Member Organizations of the Right to Die Societies

Africa

South Africa: Dignity South Africa
Zimbabwe: Final Exit Zimbabwe

Asia

Hong Kong: Eternity Living Life Company Ltd
Japan: Japan Society for Dying with Dignity (JSDD)

Europe

Belgium: Association pour le Droit de Mourir dans la Dignité (ADMD-B)
Belgium: RWS vzw (Recht op Waardig Sterven vzw)
Finland: EXITUS ry
France: Association pour le Droit de Mourir dans la Dignité (ADMD-F)
France: Association Ultime Liberté
France: LE CHOIX, CITOYENS POUR UNE MORT CHOISIE
Germany: DIGNITAS-Germany / DIGNITAS-Deutschland
Germany: Verein StHD
Iceland : Lífsvirðing, félag um dánaraðstoð
Ireland: Living Wills Trust (LWT)
Italy: Associazone Luca Coscioni
Italy: Libera Uscita
Luxembourg: Mäi Wëllen, Mäi Wee, Lëtzebuerg
Netherlands: De Einder
Netherlands: Exit International
Netherlands: NVVE, Right to Die - NL
Norway: Foreningen Retten til en Verdig Død
Portugal: Direito a Morrer com Dignidade
Spain: Asociación Federal Derecho a Morir Dignamente (AFDMD)
Spain: Dret a Morir Dignament - Catalunya
Sweden: Rätten Till en Värdig Död (RTVD)
Switzerland: Dignitas - Menschenwürdig leben – Menschenwürdig sterben
Switzerland: EXIT A.D.M.D. Suisse romande
Switzerland: EXIT-Deutsche Schweiz
Switzerland: Lifecircle / Eternal Spirit

Switzerland: Vita Perfecta
United Kingdom: Friends at the End (FATE)
United Kingdom: MDMD

Middle East

Israel: LILACH: The Israel Society for the Right to Live and Die with Dignity

North America

Canada: Association Québécoise pour le Droit de Mourir dans la Dignité (AQDMD)
Canada: Dying With Dignity Canada
Canada: Right to Die Society of Canada
Mexico : DMD Mexico - "Por el derecho a morir con dignidad" A.C.
United States: Death with Dignity National Center
United States: End of Life Washington - EOLWA
United States: Euthanasia Research & Guidance Organization (ERGO)
United States: Final Exit Network
United States: Hemlock Society of Florida, Inc
United States: Hemlock Society of San Diego

Oceania

Australia: Christians Supporting Choice for Voluntary Euthanasia
Australia: Dying with Dignity ACT
Australia: Dying with Dignity NSW
Australia: Dying With Dignity Victoria Inc
Australia: Dying with Dignity Western Australia
Australia: Northern Territory Voluntary Euthanasia Society
Australia: South Australian Voluntary Euthanasia Society
New Zealand: End-of-Life Choice Society of New Zealand Inc

South America

Colombia: Fundacion Pro Derecho a Morir Dignamente (DMD Colombia)

General Overview

There are two great traditions in medicine: the prolongation of life and the relief of suffering. The concept of suffering, the fact that it is an affliction of whole persons, rather than bodies only, was explicated several decades ago by the American physician Eric Cassel in his seminal paper: “The Nature of Suffering and the Goals of Medicine.” This understanding represents one of the central tenets of palliative care medicine.

The provision of high-quality care by individuals who share in this belief and are able to act to address the full range of human suffering is the most important goal with respect to terminally ill patients. It also constitutes the obvious and necessary alternative to euthanasia.

Understanding the role of a doctor to be a healer and not to be executioner is crucial in the nature of such discussions that lead to solutions that will change the world. An absolute barrier to physicians becoming involved with acts that intentionally inflict death is that doing so would be incompatible with their healer role. This statement requires unpacking. The concept of "healing" is a challenging one to define, and it is nearly impossible to explain it in reductionist and objectivist terms. By its very nature, healing is holistic and intersubjective. Balfour Mount, the physician who created the first palliative care unit in North America, has defined it as "a relational process involving movement towards an experience of integrity and wholeness". Such a description does not entirely clarify the situation; Dr Mount once admitted: "When I try to explain what is healing I invariably end up invoking notions such as 'wholeness' or 'soul' and, in the process, I often lose the attention of my colleagues who have been acculturated in the positivist paradigm of scientific methodology." A formulation that may provide a more robust understanding of medicine's healing mandate is the notion that healing amounts to caring for the whole person.

Looking at Euthanasia in a very hollistic manner. We have to understand all the ethical matters that lie behind it and that may be of no benefit to us as a global community. What does the acceptance of euthanasia in liberal societies say to conservative states such as Saudi- Arabia. What does the non-acceptance of euthanasia in conservative states say to liberal countries such as Sweden? Will euthanasia help the world as a whole? Or shall we simply look at euthanasia from its view as a medical solution.

If euthanasia is legalized, institutions (hospitals and managed-care systems) may wish or may be forced to make policy statements about euthanasia and assisted suicide. These policies may force physicians to define their positions publicly through these affiliations.

The mental issues surrounding the legalization of euthanasia as a medical solution may not even surround the patient but the doctor who prescribes such medicine as they will live with that decision forever. The insightful words of Aristotle may be helpful in guiding physicians' final decisions." An act becomes a habit, which becomes a character which becomes a destiny." As all practicing physicians know too well, in the end they must live forever with their decisions.

Related UN resolutions and Previous Methods of Solving the Issue:

HUMAN RIGHTS COMMITTEE SEVENTY-SECOND SESSION

The Committee recommended, among other things, that the State party should reexamine its law on euthanasia and assisted suicide to ensure that the procedures employed offered adequate safeguards against abuse or misuse, including undue influence by third parties. It should scrupulously investigate any allegations of violations of the right to life of newborn infants. The State party should complete its investigations as to the involvement of its armed forces in Srebrenica, Bosnia-Herzegovina, in July 1995, as soon as possible. It should continue to develop strategies designed to prevent child abuse; and it should make greater efforts to safeguard the right of a defendant to a fair trial by providing a greater opportunity for the evidence to be tested and contested.

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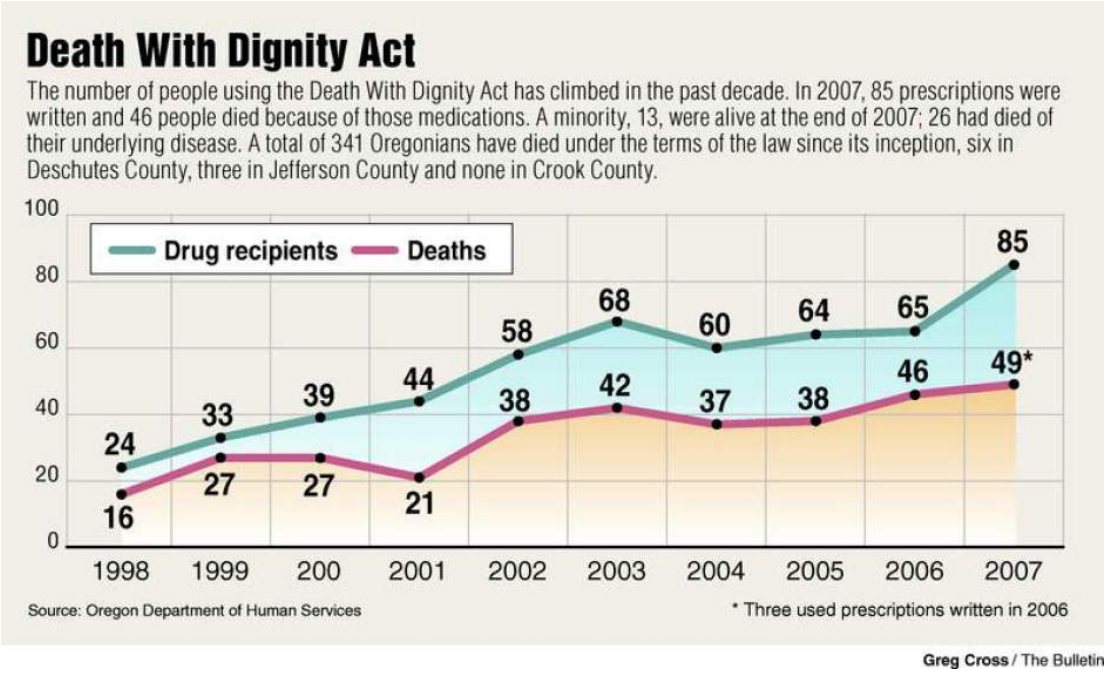
Appendix

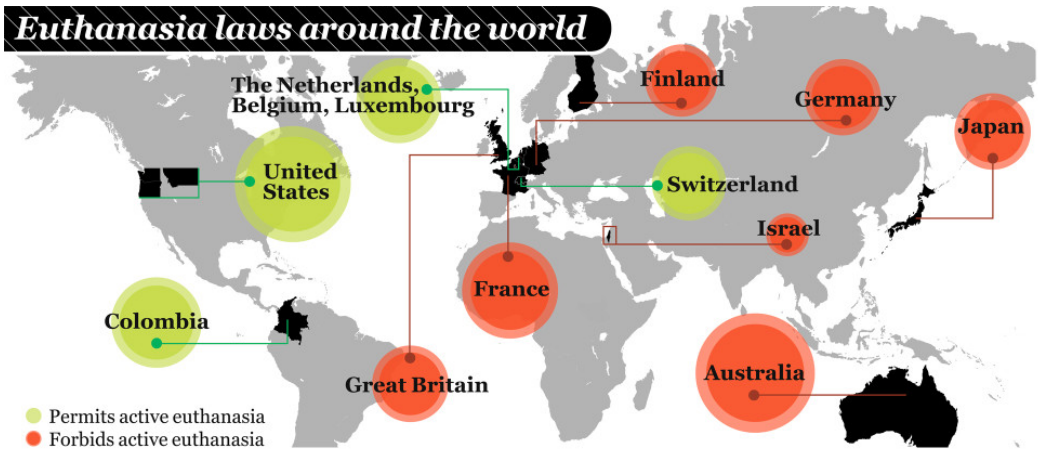


BMA

- In the year 2,000 the BMA opposed the legalisation of euthanasia or physician-assisted suicide.

However

- If some doctors, who have exhausted all other possibilities for ensuring a patient's comfort, see the deliberate termination of life (euthanasia) as the only solution **to relieving physical pain and suffering** in an individual case, the doctor should be accountable to the law and to the General Medical Council and be obliged to defend such an action to those Authorities.
- In other words, doctors could help a patient to end their life by passive euthanasia, or death by side-effect, but would be subject to close investigation to ensure that no other solution to the patient's problem was possible.



Japan
Only "passive" euthanasia is permitted (non-prolongation of life) for patients who have been in a coma for more than three months

Germany
Euthanasia is defined as murder, due to the large number of cases under the Nazi regime

Finland
Passive euthanasia is permitted for anyone who has declared a desire for it in advance

France
A stormy debate erupted a few years ago following the suicide of a patient who had conducted a public struggle for her right to euthanasia

The Netherlands, Belgium, Luxembourg
Assisted suicide is performed by doctors based on a patient's request while he or she is still conscious

Australia
Euthanasia was approved in the northern district in 1995, but the decision was overturned shortly afterwards by the central government

Great Britain
The legislature has rejected any initiative on the issue

United States
In Washington and Oregon, a doctor can prescribe a substance that the patient can purchase in a pharmacy

Colombia
Euthanasia was approved in 1997; due to pressure from the church doctors could perform assisted suicide starting in 2012

Switzerland
The only country that permits euthanasia for foreign citizens

IMPORTANCE OF THE CONCEPT TO THE ENQUIRY QUESTION

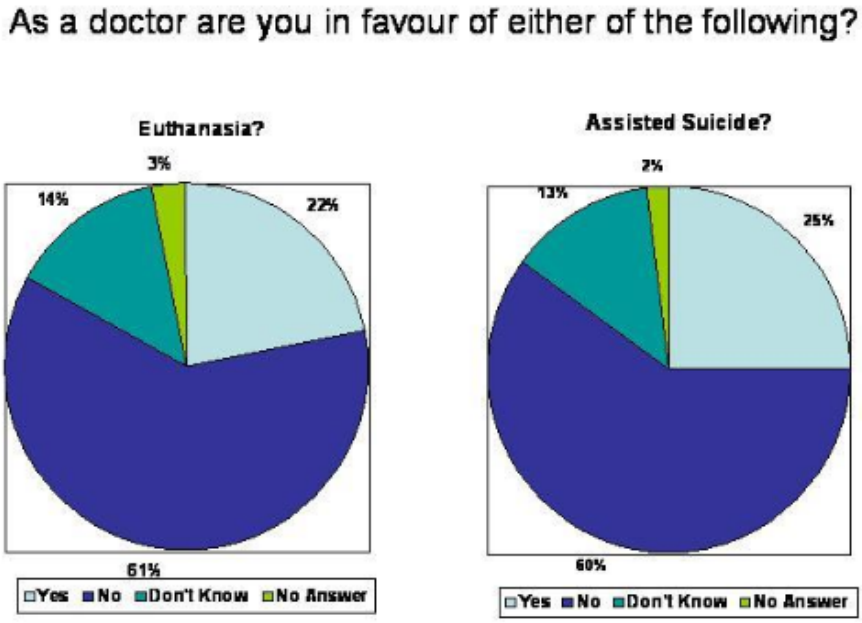


Figure 1: The percentage of doctors in favour with euthanasia in UK