

Patients wishing to hasten death

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K & GESELLSCHAFT

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Nach der Euthanasie-Abstimmung im Parlament

Zwei widersprüchliche Gesetze

Der Staatsrat entscheidet über zweite Abstimmung

VON LAURENT ZEIMET

Am späten Dienstagabend verabschiedete das Parlament mit knapper Mehrheit den Gesetzesvorschlag des/Haus zur Legalisierung der aktiven Sterbehilfe. Davor hatten die Abgeordneten einstimmig den Gesetzesvorschlag der Regierung über die Sterbehilflosigkeit gutgeheißen. Nun stellt sich die Frage, wie die beiden Gesetze koordinieren sollen, da sich die Bestimmungen in wesentlichen Punkten widersprechen.

Rein verfahrensmäßig betrachtet waren die beiden Abstimmungen am Dienstag ein parlamentarisches Abstimmungsritual. Sowohl für den Palliativentwurf, als auch für den Euthanasie-Vorschlag, bekräftigten sich die Abgeordneten von einer zweiten Lesung. Laut Verfassung muss über jedes Gesetz zweimal abgestimmt werden. Es sei denn, der Konvent verzichtet mit Zustimmung des Staatsrats auf eine zweite Lesung.

Kennzeichnend für die Gesetzgebung gehen daraus aus, dass der Staatsrat, kein zweites Votum über das Palliativgesetz verlangen wird. Das Gesetz könnte also vom Großherzog unterzeichnet, im Gesetzblatt Memorial veröffentlicht werden und somit in Kraft treten. Bis auf einzelne Bestimmungen betreffend die Sorglosungsverordnung, die ebenfalls von im Herbst ihre Wirksamkeit entfalten sollen.

Kompliziertes steht es für den Euthanasie-Gesetzesvorschlag aus. Der Hohen Staatsrat und brennend CIV-Parlamentarier Paul-Henri Meyer kann sich nicht vorstellen,



Der Staatsrat muss nun entscheiden, ob er die parlamentarische Abstimmung bekräftigen will.
JIMMY KUTY / AGF / KAT

das der Staatsrat dem Parlament folgt und die Abgeordneten von einer zweiten Abstimmung abscheiden wird.

Inzwischen hatte der Staatsrat auf eine tiefgreifende Begutachtung des Ein/Haus-Vorlage verzichtet. Unter dem Hinweis, dass in einer ersten Phase das Angebot an palliativer Betreuung angestiegen werden soll.

Es ist daher wahrscheinlich, dass der Staatsrat auf einer zweiten Abstimmung bestehen wird. Eine zweite Lesung kann frühestens drei Monate nach dem ersten Votum erfolgen. Dann stellt sich natürlich die Frage, ob die Ein/Haus-Vorlage wieder in ihrer ursprünglichen Fassung auf der Te-

ständerung kommt. Würde dies der Fall und spräche sich eine Mehrheit wieder für die Legalisierung der Euthanasie aus, würde das Gesetz nach Veröffentlichung in Kraft treten. Das juristische Prinzip, laut dem ein neues Gesetz bestehende Bestimmungen abändert, würde im Fall der Widersprüche zwischen der Sterbehilflosigkeit und der Euthanasie unbedingt weiterbestehen.

Wahrscheinlicher wäre daher ein anderes Vorgehen. Der Staatsrat erteilt die Euthanasie-Vorlage zurück an den Absender, in diesem Fall das Parlament. Die zuständige Kommission stimmt sich der Vorlage an und bringt sie mit dem Gesetz über Sterbehilflosigkeit

in Einklang. In diesem Fall müsste der abgeordnete Gesetzesvorschlag ein neues Verfahren durchlaufen. Wenn man davon ausgeht, dass die Initiatoren ihren Gesetzesvorschlag noch in dieser Legislaturperiode durchbringen wollen, muss sich das Parlament allerdings spüren.

Die Regierung überlässt dem Parlament die weitere Federführung. Für Gesundheitsminister Marc De Bovermann handelt es sich klar um eine Aufgabe der Abgeordneten, die beiden Gesetzen aufeinander abzustimmen.

Die Euthanasie-Debatte noch nicht abgeschlossen ist. Fürwahrheit steht den Abgeordneten noch bevor.



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Euthanasia

France



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PLAY VIDEO

FRANCE - EUTHANASIA

Case of Chantal Sebire pushes euthanasia debate

THURSDAY 13 MARCH 2008

The case of Chantal Sebire, a 52-year-old mother who suffers from an untreatable facial tumour and wishes to die, has brought euthanasia to the forefront of legal debates. Warning these images are very graphic.



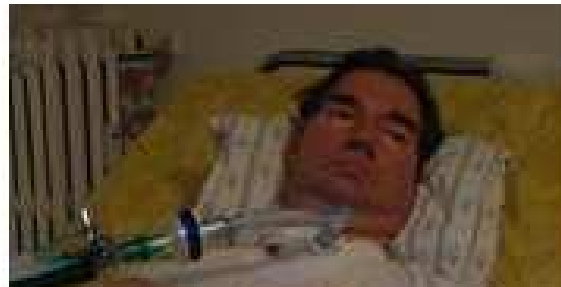
Euthanasia

Italy

Lettera del co-presidente dell'associazione Luca Coscioni a Napolitano

«Caro Presidente, lasciatemi morire»

Piergiorgio Welby, malato di distrofia muscolare, tenuto in vita dalle macchine, dice «è un testardo e insensato accanimento»



ROMA - «Caro presidente voglio l'eutanasia». È quanto chiede Piergiorgio Welby, co-presidente dell'associazione Luca Coscioni per la libertà di ricerca scientifica, malato di distrofia muscolare, al presidente della Repubblica Giorgio Napolitano. Nella lettera

Now Welby has made it: a physician has been found, who helped him to die. Wednesday evening the anaesthesiologist Mario Riccio gave Welby an injection with a sedative and turned of the respirator that kept him alive...

Even at the weekend Welby had been refused the right to receive a sedative before turning of the respirator. Welby suffered from muscular weakness, the disease was far advanced.



Hastened death

Terminology

Euthanasia (active)

Physician assisted suicide (PAS)

Assisted suicide

Treatment withdrawal (life supporting treatment)

Treatment withholding (emergencies, potential life prolonging)

Symptom control (life-shortening effect)



Images

In the public opinion

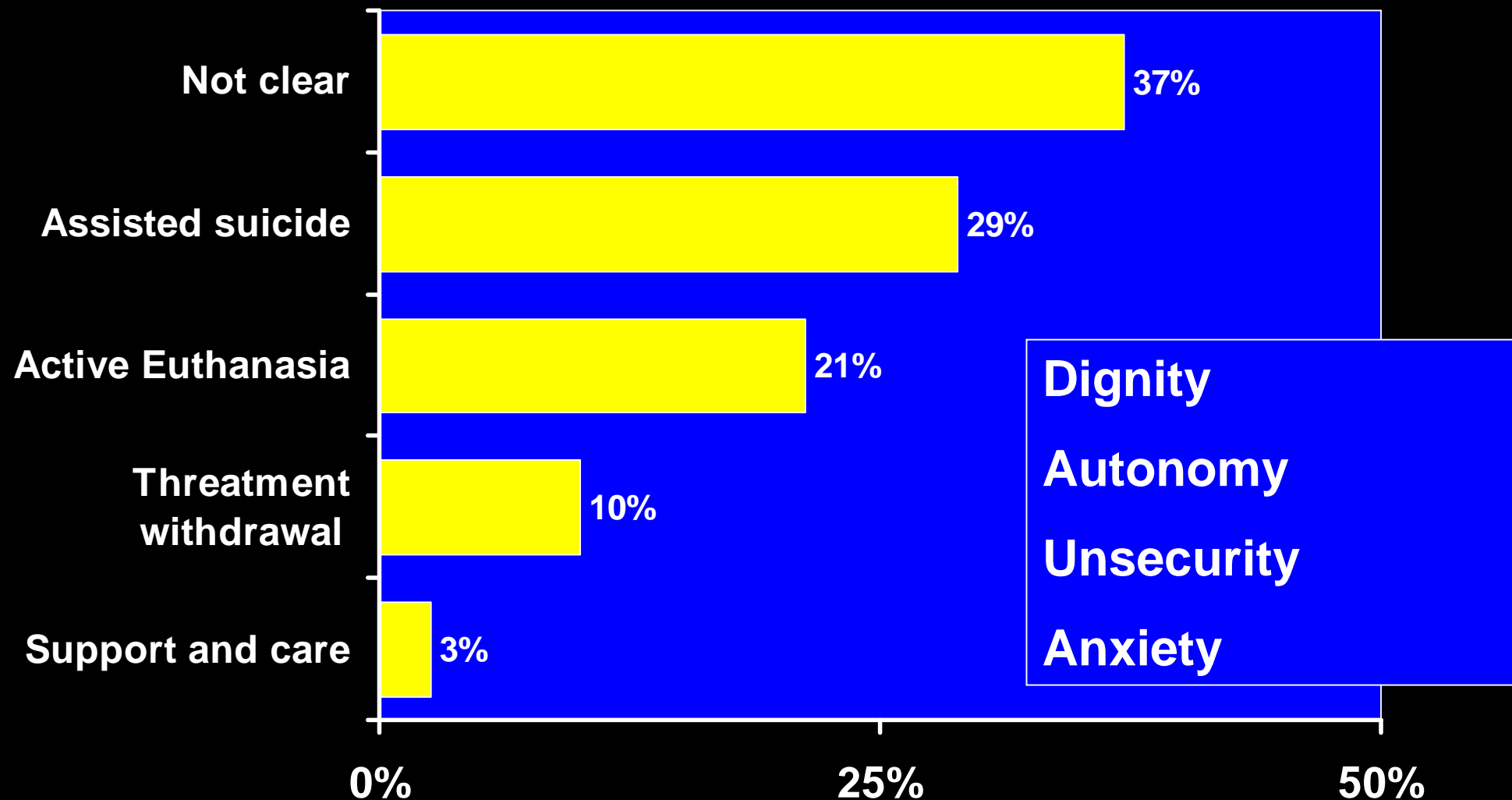
I am against all sorts of anguish. In the circles of family, relatives and friends too many have already died from cancer. Myself, I do not want to die like that. This is not normal dying.

www.welt.de/vermischtes/article1734695/Krebsaerztin_wegen_Sterbehilfe_vor_Gericht.html



Euthanasia in the media

Journals and newspapers 2006 / 2007



Hastened Death

Request versus wish

27 Interviews with 7 patients wishing for hastened death

9 Meanings and uses:

- Manifestation of the will to live (1° paradox)

- Dying process so difficult that early death was preferred (2° par.)

- Immediate situation unendurable and required instant action

- Option to extract oneself from unendurable situation

- Manifestation of the last control the dying person can exert

- Way of drawing attention to “me as a unique individual”

- Gesture of altruism

- Attempt at manipulation of the family to avoid abandonment

- Despairing cry depicting the misery of the current situation



Euthanasia

Attitudes of patients

Interviews with 988 terminally ill patients

60,2% supported Euthanasie / PAS in a hypothetical situation

10,6% considered Euthanasie / PAS for themselves

3,1% had discussed Euthanasie / PAS with others

Follow-up after 2-6 months

10,3% considered Euthanasie / PAS for themselves

50,7% of patients considering Euthanasie / PAS at first interview had changed their minds

1 patient received PAS, 1 patient attempted suicide



Patients wishing to hasten death

Attitudes and motivations

Understanding
of disease and progress

Individual
values,
attitudes

Family and
social network

Spiritual understanding
of life and death

Anticipation of suffering

Anticipation of physical /
psychosocial change



Patients wishing to hasten death

Attitudes and motivations

P: „I did not know this option, and basically it was quite good that I did come here.“

I: „Mmmh, to the palliative care unit?“

P: „yes, certainly.“ (...) „Well first of all. But this also does not help me with dying. Only with pain relief. As I said, looking at the patients lying here, this is not how I want to be. But our law doesn't allow. You have to go on until the end (laughs). Until the body itself states that it does not want anymore.“



Physician assisted suicide (PAS)

Oregon

Patient with metastatic breast cancer, living in a hospice

Treating physician has refused PAS, second physician refused PAS because patient was depressed

Husband calls Compassion in Dying, medical director thought it prudent to act quickly

Compassion in Dying referred to 3rd physician prescription of barbiturate after 2 weeks



Physician assisted suicide (PAS)

Oregon

“Before my patient died I didn’t personally discuss the case with her regular physician and had only a very cursory contact with her second. I regret this.

I don’t think either of the previous MDs disagreed with her qualification, but at the time I would have clarified it. Had I felt there was a disagreement among the physicians about my patient’s eligibility, I would not have written the prescription.”



Euthanasia

Belgium

Development of palliative care and legalisation of euthanasia: antagonism or synergy?

Debates about euthanasia often polarise opinion, but **Jan Bernheim and colleagues** describe how in Belgium the two camps grew up side by side to mutual benefit

Although palliative care and legalised euthanasia are both based on the medical and ethical values of patient autonomy and caregiver beneficence and non-maleficence,¹ they are often viewed as antagonistic causes. A popular perception, for instance, is that palliative care is the province of religiously motivated people and the advocacy of euthanasia that of agnostics or atheists.^{2,3} The European Association for Palliative Care has voiced concerns that legalising euthanasia would be the start of a slippery slope resulting in harm to vulnerable patients such as elderly and disabled people and that it would impede the development of palliative care by appearing as an alternative.⁴ Data from the Netherlands and Belgium, where euthanasia is legal, do not provide any evidence of a slippery slope.^{5,6}

Here, we document the effect of the presence of legalised

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anthropologist

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care,¹⁰ in 2007 it ranked third of 52 countries in palliative care resources after Iceland and the UK and in 2002 Belgium became the second country to legalise euthanasia.¹¹⁻¹³

Although the societal debate preceding the passing of the euthanasia legislation was intense, with a few exceptions, it was not acrimonious.^{8,14,15} Advocates of legalisation always supported palliative care and never presented euthanasia as an alternative. The only claim that they disputed was that palliative care can always prevent patients from requesting euthanasia.¹³ Proponents of euthanasia argued that, similar to medical futility, there is also such a thing as palliative futility. Conversely, most opponents of the legalisation of euthanasia conceded that in some cases it is ethi-

cally unacceptable. Some Catholic palliative care providers



Euthanasia

Belgium

„Advocates of legalisation always supported palliative care and never presented euthanasia as an alternative. The only claim that they disputed was that palliative care can always prevent patients from requesting euthanasia. Proponents of euthanasia argued that, similar to medical futility, there is also such a thing as palliative futility“

„A substantial proportion of Belgian care givers seem to consider euthanasia as a medical act that, with due prudence, is in line with their commitment to palliative care.“



Patients wishing to hasten death

Hot topics

Active euthanasia

- *slippery slope*
- *request or wish*

Physician assisted suicide

- *boundaries for physicians*

Palliative sedation

- *abuse potential*



EAPC Task Force on Ethics

Palliative Medicine 2003; **17**: 97–101

Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force

Lars Johan Materstvedt, David Clark, John Ellershaw, Reidun Førde, Anne-Marie Boeck Gravgaard, H Christof Müller-Busch, Josep Porta i Sales and Charles-Henri Rapin

The provision of euthanasia and physician-assisted suicide should not be part of the responsibility of palliative care.

`Terminal' or `palliative' sedation in those imminently dying must be distinguished from euthanasia.



EAPC Task Force on Ethics

	<i>Euthanasia</i>	<i>Sedation</i>
<i>Intention</i>	Death of patient	Relief suffering
<i>Method</i>	Deadly drug	sedative drug
<i>Result</i>	Death	Relief



Patients wishing to hasten death

Take Home

Beliefs and anticipation of disease often triggered
by acquired images of suffering

→ *provide information and support*

Not wanting to be a burden

→ *social network and support*

Wish for autonomy

→ *balancing care and self-control*



Palliative Sedation

58 years,
Ovarian carcinoma

Fractured vertebrae, bed rest
„this is not living,
but prolonged dying“

Palliative sedation 48 hours
„I want to live“



Tötung auf Verlangen

