# From Spain

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The position paper with the view from the EAPC Ethics Task Force about euthanasia and physician-assisted suicide is good, in my opinion, because it permits a transparent, clear and sensible debate, and this is one of the most important aims of academic ethics. I will comment on two points:

**1. Definition of euthanasia: one agreement and two disagreements**

I am totally in favour of leaving aside the concept of passive euthanasia, which is confusing and too used by media and politics. Often, 'passive euthanasia' is used to describe the avoidance of futile interventions or the withholding of treatment options according to the preference of the patient. With this meaning passive euthanasia could be consistent with the classical medical ethics of beneficence or patient autonomy. This concept of passive euthanasia does involve any intention to cause death.

On the other hand, I consider the definition of euthanasia in the position paper too narrow when it says: 'A doctor intentionally killing a person by the administration of drugs'. What about the situation when a doctor withholds a treatment that is indicated, and the intention and the result is to kill the patient? I think it is necessary to include the possibility of withholding or omitting an intervention into the general concept of euthanasia, i.e., not as a passive euthanasia, but as simply euthanasia. Euthanasia has been defined in this way in a recent position paper by the SECPAL,[1] where euthanasia is described as 'a medical conduct (by action or omission) intentionally addressed to produce killing . . . '. This is very important, because an argument used by the proponents of legalizing euthanasia is that if acts of omission which result in the death of a patient are allowed, it does not make sense to forbid an active conduct with the same intention and the same result.[2]

I would like to suggest another point relating to concepts and definitions. I think it is too hard to label as 'murder' the medicalized killing of a person without consent, whether nonvoluntary or involuntary. The compassion-motivated killing of a person in a terminal state with great suffering, though this is not right, is better described as euthanasia rather than murder. Any punishment will be less severe in a case of euthanasia (when compassion can be demonstrated, without personal interests) than in a case of murder. Of course, this would be a legal debate, but a law must be founded in ethical concepts. I suggest a modification of the definition of euthanasia in this way: 'Medical conduct intentionally addressed to produce the death of a person with severe disease, for compassionate reasons'.

**2. Ethical approach and legalizing are not the same question**

In order to support the call in this paper to society (paragraph 4.10) to debate the issue of legalizing euthanasia it is important to distinguish the legal and the ethical level of the discussion. Ethical arguments may be for or against euthanasia in a specific situation, but legalization is a social measure, which has important consequences. Legalization may result in moral pressure on the elderly, dying and other vulnerable citizens whose autonomy can be restricted so that they feel coerced to ask for euthanasia. Therefore, even people who are ethically in favour of euthanasia in special cases may be against legalization because of the social consequences of such a law. In my opinion, a law to permit euthanasia is bad news and a bad social symptom. On the contrary, the development and the investment in palliative medicine are a sign of social health.

So respecting all the moral imperatives the EAPC should advise against legalizing euthanasia and put the efforts in the development of palliative care with the support of the society as the best way to promote the autonomy of patients.

## References

1 Comité de Etica de la Sociedad Española de Cuidados Paliativos. Declaración sobre la eutanasia de la SECPAL. *Med Pal (Madrid)* 2002; **9**: 37–40.

2 Doylan L, Doylan L. Why active euthanasia and physician suicide should be legalised. *BMJ* 2001; **323**: 1079–80.



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