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From Hong Kong

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The decriminalization of euthanasia and physician-assisted suicide (PAS) at the turn of the millennium sparked a cascade of unknown impact on the final journey of mankind, yet it will take decades or even centuries to unfold its significance on human history. Any relevant actions that are currently taken towards this societal issue will possibly affect its historical course. The statement of the Ethics Task Force of the EAPC on euthanasia and physician-assisted suicide is therefore timely and essential.

The document prepared by the Ethics Task Force of the EAPC clearly summarizes its stance on euthanasia in 10 points, with background explanation on the definitions on euthanasia, PAS, palliative care, withholding/withdrawing futile treatment and terminal sedation, and the distinctions between them. The document affirms that provision of euthanasia and PAS should not be part of palliative care. Moreover, an individual choice of euthanasia should not evade the responsibility of all societies in provision of good quality care for the vulnerable members, including the elderly and the terminally ill.

In this respect, the professional bodies in Hong Kong, including Hong Kong Medical Council, Hong Kong College of Physicians, Hong Kong Society of Palliative Medicine and Hong Kong Hospice Nurses' Association, all share common views.[1–3] Though Hong Kong is a metropolitan city where east meets west, the issue of euthanasia is seldom brought to a heated public debate, as in many other cities in the east. Nevertheless, efforts to bring this issue to public awareness are never suppressed here. The day after euthanasia was legalized in Holland, I was interviewed on Radio Hong Kong as chairman of Hong Kong Society of Palliative Medicine, on its implications for the care of patients in Hong Kong. In a meeting of the Legislative Council in May 2001, our medical representative brought the 'Treatment of the terminal patients' to a motion debate.[4] In most parts of the world, including Hong Kong, the ripple effects of such significant movements will continue.

Palliative care is never value neutral. Palliative care is not just providing medical services when someone dies. It embraces a basic value of affirming life and a positive attitude of reducing suffering during the last journey of a person. Palliative care excludes a callous response to human suffering and the surrender to the formidable fear of suffering and death; and in both situations, euthanasia may be conveniently quoted as an answer. However, this core value cannot be assumed of its existence in any service that claimed to be palliative care, especially in countries where the services may not share the common roots of the original hospice movement. Without a common core value, heterogeneity in care is inevitable and needs to be addressed.

In order for this document to bring a significant impact to society, it is important for palliative care workers in different countries to transcribe it into life, beliefs and actions, and continue adding life to it. To assist this movement, translation of this document into different languages would be helpful to the professionals and the public. Further discussion of this important issue shall then continue in other places with this document as a springboard, and in the context of the local scenario. In Hong Kong, the distinction between withholding/withdrawing life-sustaining treatment and euthanasia remains an issue, and it does exist in a recently conducted survey of 'public and doctor's attitude towards euthanasia'.[5,6] Local culture is also important in shaping the attitudes towards death and dying. In the motion debate in the Legislative Council of Hong Kong on 'Treatment of the terminal patients', several legislative council members repeatedly deliberated the traditional Chinese views on life and death. These views serve more than ritual beliefs, but remind us to address the issue of suffering from a human community and an inner collective perspective. Likewise, dignity is a cultural specific concept whose meaning varies in different places. While personal choice is perceived as an integral part of autonomy and dignity, Chinese may perceive from the Confucian ethics of death and dignity with a different perspective.[7]

This document reminds us of the tremendous role of palliative care in addressing human suffering. This should not rely on the shoulders of the few who are palliative care professionals, but on society as a whole, to embrace the concept of palliative care as part of medicine and of life itself. I truly believe that this document serves as our voices, and also as a tool for serving our colleagues and patients.

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