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From Finland

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I very much agree with the definitions of euthanasia and physician-assisted suicide (PAS) and the World Health Organization (WHO) definition of palliative care. I think too that there has been confusion about concepts like passive euthanasia and voluntary euthanasia.

There is an ongoing debate concerning euthanasia in Finland. I do not think that the Task Force's report brings anything new to the discussion. Frequently in the debate here and in other countries, the question is raised as to whether adequate provision of palliative care would reduce requests for euthanasia. Cancer is the main diagnosis (86%) of patients dying from euthanasia in the Netherlands. However, it is neither pain nor other physical symptoms that make patients request euthanasia. Most people who ask for euthanasia suffer from the fear of dependence on others, the inability to actively take part in daily activities or they may have existential fears. Many dying persons feel bored or have lost the meaning of life ('What is the point. I am dying anyway and now I am so tired the only thing I can do is lie down').

There is no real discussion because the standpoints are unshakeable. I think that there are many misconceptions concerning the autonomy of the patient. My opinion is that the problem is not the act of euthanasia itself (as the Task Force points out) but the ability of any given society to control euthanasia and define indications for euthanasia. If we should euthanasize suffering people, why only cancer patients? Or is it necessary that they be competent? Should not incompetent patients or patients with non-malignant disease and suffering have the same rights? On what grounds? Is there any scale for suffering? As I understand it, many of the requests for euthanasia are denied because the suffering is not bad enough?

It is important to study the public attitudes to euthanasia. But is euthanasia a matter of public opinion? I think we should study the impact of socioeconomical factors on the changes in public opinion relating to euthanasia.

I agree that the restriction of palliative care to cancer patients is artificial.

I disagree on the point that euthanasia and PAS should not be part of the responsibility of palliative care. I do not see how palliative care doctors can say that. It may be our duty to fight against the legalization of euthanasia, but we cannot escape the responsibility to be involved in the debate.

I feel that there is a fine line between palliative sedation and euthanasia. It is clear that the intention is different, but in which circumstances is 'heavy' sedation appropriate? In my practice heavy sedation is used when the patient is imminently dying and suffering (for example, suffocating). It is not clear to me why the difference in intention makes the act so very different. The patient dies in his/her sleep. I think it is a humane thing to do, but theoretically and ethically and even practically the active life of a person ends when he/she is sedated.

I am not sure that killing would become more accepted if euthanasia is legalized, and I wonder whether this is in fact a slippery slope. There are more influential elements in society (such as the entertainment business) which make killing more accepted, or at least more commonplace. But I do see also that killing is not a very good way of dealing with suffering.

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