From Greece

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The word euthanasia appeared for the first time in a section from Posidippus' last comedy (about 300 BC). Moreover, Plato (about 374 BC) promoted the idea that medicine should contribute to improving the quality of life of patients, while life extension when death was near was considered futile.² Nowadays, in the Greek Law Code, the term euthanasia is not used. Until now no Greek law has ever referred to the right of the patient to ask for or to allow themselves to terminate his/her own life. In particular, in Articles 300 and 301, if an individual decides and commits the act even at the request of the person suffering from an incurable disease this is described as 'homicide'. However, the legislature does not equate euthanasia with murder, and the penalty is not so harsh, providing the patient's consent has been sought.³ From 1987, the Hellenic Medical Association has repeatedly declared its opposition to any kind of euthanasia and for any reason. On the other hand. healthcare professionals, patients and families are pressed on what is possible and desirable as they try to decide whether to prolong a patient's life or not. This is evident in a study conducted in Greece with 1500 physicians, assessing whether quality of life is a parameter determining therapeutic choices in cancer care. In this study, only 16% of the sample would choose the intensive care unit for a patient in the terminal stage, while the majority (46%) believed that euthanasia could be an option for dying patients.⁵

The word euthanasia derives from the Greek words 'ef' = good and 'thanatos' = death. As a moral issue, euthanasia has various dimensions, depending on an individual's philosophical, social, religious and other beliefs. For this reason, it is essential to respect these differences in attitudes towards euthanasia and the manner with which the individual might wish to be treated. It is of utmost importance when dealing with cultural differences in the process of dying to bear in mind that cultures are founded on certain core beliefs that were first conceived by the people.

The primary task of a palliative care team is to provide care and support to patients and their families taking a holistic approach. In palliative medicine, issues involving end-of-life decisions inherently involve many potential ethical concerns. Ensuring good communication between the physician, healthcare professionals, patient and family will facilitate care and avoid ethical dilemmas.⁶ The terminal stage of care begins when medical judgement indicates that the patient's condition is worsening and that no treatment is available to reverse the progress towards death. At this point, the treatment is mainly palliative. Therefore, the palliative care team can not ignore the complex issue of euthanasia if this should be raised, and pass it to other healthcare professionals. That would create greater confusion and distress to both the patients and their families.

In general, the paper by the Ethics Task Force of the EAPC is helpful and quite clear and contributes usefully to the debate considering the complexity and difficulty of this ethical issue.

References

- 1 Posidippus.n. 'Myrmiki' 1.
- 2 Plato. Republic III.
- 3 Horafas N. *Criminal law*, Volume A, 9th edition. Athens: Sakkoulas, 1978.
- 4 Karanis M. *Biomedical evolution and constitutional law*. Athens: Sakkoulas, 1994.
- 5 Mystakidou K, Tsilika E, Befon S, Kululias V, Vlahos L. Quality of life as a parameter determining therapeutic choices in cancer care in a Greek sample. *Palliat Med* 1999; **13**: 385–92.
- 6 Mystakidou K, Tsilika E, Parpa E, Patiraki E, Vlahos L. Research outcomes in the communication among the cancer care's core triangle: patients, families, and health care professionals. *Eur J Palliat Care* in press.