From India

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The views of the EAPC Task Force are unbiased. The document presents potential risks and highlights the need to refocus attention on providing palliative care; at the same time it respects individual choices for euthanasia and physician-assisted suicide.

What would be the global impact of such a document? On the positive side, it is good that the potential risks are spelt out. And it is heartening that the EAPC has taken a firm stand in defining some words and phrases. A lot of confusion about euthanasia is generated by ambiguity of terminology.

On the negative side, the document conveys the impression that the Task Force found numerous objections to euthanasia, but was careful to be unbiased, and therefore avoided expressing strong dissent. Neutrality is not a virtue in the face of a confrontation between good and evil.

Most of those working in palliative care have up to now taken a strong stand against euthanasia. Hence, the EAPC stand becomes significant because of its tolerant attitude. Is this tolerance justified? Experience from the Netherlands has already shown that physicians do not always stick to guidelines. Literature provides any number of examples of movement down the 'slippery slope'.[1] A Dutch woman with disseminated breast cancer who had said she did not want euthanasia had her life ended because, in the physician's words, 'It could have taken another week before she died. I just needed this bed'.[2] A Dutch physician ended the life of a man with amyotrophic lateral sclerosis though the patient was clearly ambivalent about proceeding and wanted to put off the date for his death, saying, 'I can give him the finest wheelchair there is, but in the end it is only a stopgap. He is going to die and he knows it'.[3] When such events have already been shown to occur in the West, how much more likely could they be in those countries with weak legal systems or those in which corruption is rampant? What would the impact be on the vulnerable population? When are we going to hear about patients being killed by corrupt doctors when bribed by heirs?

True, we do not have enough solid scientific proof that legalization of euthanasia has been a social evil. Available studies like the Dutch studies of 1990[4] and 1995[5] have numerous limitations. Individual case reports, I agree, are not comparable with properly conducted scientific investigation. But if the latter is lacking, surely the former has greater relevance? Enough to justify more than a passing mention in the Task Force document?

And how much will a tolerant attitude to euthanasia shift the focus away from the need for palliative care? Killing is easier and cheaper than providing care. Euthanasia is always promoted for humane reasons. Then why bother to develop a palliative care service, which needs money and effort?

Perhaps the need of the day is scientific study of the impact of euthanasia on society and on individuals facing it, rather than more debates. And if the results do show adverse social impact, we need to stop and consider what the impact would be globally, when less privileged societies follow the West.

And those of us belonging to the developing world, who are often too quick to ape the West, need to sift the evidence and decide what to adopt. The West seems to be offering us both palliative care and euthanasia. The Dutch experience seems to show that if we adopt the latter, the former may suffer from stunted growth and that society itself may get sick.

References

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