# From Germany

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The view from the EAPC Ethics Task Force is well balanced, fairly neutral and only fairly biased. But the point is that topics like euthanasia or the counterpart palliative medicine do not ask for neutrality, but simply cry for a clear, highly biased position. In contrast to the paper's statement, I am missing 'the viewpoint from the palliative care perspective' in the paper.

Did we really make major developments in the field of palliative care? Only one of 38 university hospitals in Germany has a chair of palliative medicine today. More than 30 university hospitals have nothing; neither a chair nor a palliative ward. But all these clinics have a department of oncology treating cancer patients. Where are those patients referred to, where chemotherapy or radiotherapy is no longer possible? Where is the alternative for these patients? In the Netherlands 86% of the patients dying from euthanasia suffer from cancer.[1] Did they ever see a palliative ward, did the oncologists learn palliative medicine, what was the treatment after chemotherapy?

Requests for euthanasia are the answer to the situation of palliative medicine. As long as palliative medicine is open for all patients in need, euthanasia plays a minor role. When we know this, we can not remain calm and polite. We have to stress that policy makers and healthcare professionals become guilty when not providing all possible efforts to institute and promote palliative care.

We have to make clear that refusal of euthanasia requires alternatives. As long as there is no palliative care (in 80% of the German universities), euthanasia is possibly the only alternative. 'Avoiding loss of dignity' and 'hopeless suffering' were the main reasons for requesting euthanasia. Where are the dignity and the hope for a dying cancer patient when the next palliative care unit is far away from family and home? Where are the pennies for palliative care, when we give millions for chemotherapy? The provision of good palliative care is an ethical obligation.

Facing the results of the recent paper of Karen Steinhauser and colleagues,[2] we have to change our policy in healthcare dramatically. Patients ask for a total care at the hospital and not so much for dying at home. When not providing possibilities for this total (palliative) care we should not be surprised by requests for euthanasia.

## References

1 Haverkate I, Onwuteaka-Philipsen B D, van der Heide A, Kostense P J, van der Wal G, van der Maas PJ. Refused and granted requests for euthanasia and assisted suicide in the Netherlands: interview study with study with structured questionnaire. *BMJ* 2000; **321**: 865.

2 Steinhauser KE, Christakis NA, Clipp EC, McNeilly M, McIntyre L, Tulsky JA. Factors considered important at the end of life by patients, family, physicians, and other care providers. *JAMA* 2000; **284**: 2476.



 10.1191/0269216303pm702op