



Assisted Suicide in Switzerland

Practice and Challenges



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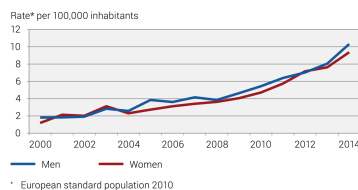


There are good reasons for an in-depth analysis

- Increase in assisted suicide

Assisted suicide 2000–2014

G 2



Source: FSD – Cause of Death Statistics, calculations Obsan

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Scientific aspects NFP 67

„The NRP 67 aims to contribute to a better understanding of changes and newly emerging needs in the context of death and dying. The research findings will **identify gaps or problems** in the provision of care and provide affected persons and care professionals with a **useful basis for decision-making**. Proposals will be developed for the adaptation of **legal regulations**, and **ethical implications** will be reflected upon. Another aim is to acquire a better **understanding of social changes in perceptions of the end of life**.“¹

¹<http://www.nfp67.ch/en/the-nrp>

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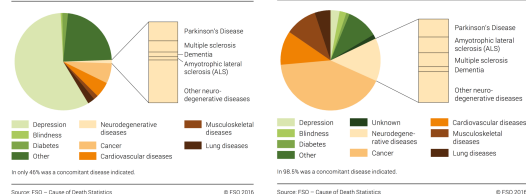


Comparison diseases reported

Concomitant diseases reported with suicide, period 2010–2014

Concomitant diseases reported with assisted suicide, period 2010–2014

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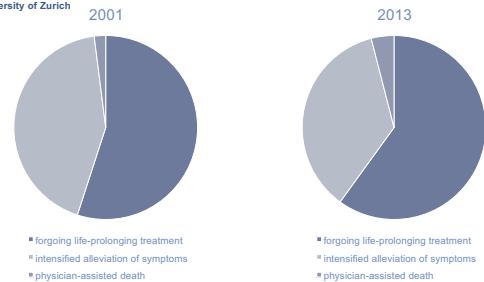


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Medical end-of-life decisions in comparison

Medical End-of-Life Practices in Switzerland: A Comparison of 2001 and 2013
Bossard, Georg; Zellweger, Ueli; Bopp, Matthias; Schmid, Margareta; Hurst, Samia A; Puhan, Milo A; Faisst, Karin, Zurich Open Repository and Archive University of Zurich

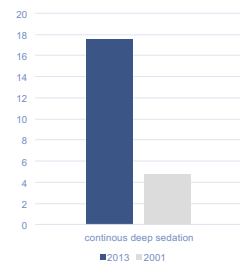


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- Substantial increase of deep sedation
- Specific guidelines since 2005
- Sedation is combined with
 - foregoing life-prolonging treatments (62%)
 - alleviation of pain and symptoms (28%)
 - physician-assisted death (3%)

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Swiss academies of Arts and Sciences Medical-ethical Guidelines

- „End-of-life care“
 - Key principles
 - Decisions and treatments that shorten the duration of life itself
 - Broadly accepted
 - Controversial
 - Illegal
- Currently under revision
- Passed by the Senate of the Swiss academies: 1st November 2017, Publication and start of the consultation procedure on 16th November 2017

<https://www.samw.ch/en/Publications/Medical-ethical-Guidelines.html>

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Legal situation (Swiss Criminal Code)

Paragraph 115 Inciting and assisting suicide

Any person who for selfish motives incites or assists another to commit or attempt to commit suicide is, if that other person thereafter commits or attempts to commit suicide, liable to a custodial sentence not exceeding five years or to a monetary penalty

Paragraph 114 Homicide at the request of the victim

Any person who for commendable motives, and in particular out of compassion for the victim, causes the death of a person at that person's own genuine and insistent request is liable to a custodial sentence not exceeding three years or to a monetary penalty.

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Our Society
 EXIT (Deutsche Schweiz) is a democratically organised society under Swiss law. Its work is dedicated to the cause of human self-determination. Options offered by EXIT include living wills, legal counsel, and - if need be - safe and dignified end-of-life care. All of this is free of charge for registered members. The number of members of EXIT Deutsche Schweiz is currently over 105,000 and rising. The Society's headquarters is located in Zurich, with branches in Bern, Basel and in Ticino. The affiliated francophone organisation, EXIT (Romandie) is seated in Geneva and counts over 20,000 members. EXIT was founded in 1982. Today, it is one of the world's oldest and largest organisations for living wills and physician-assisted suicide.

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“End of life care“ guidelines under revision

- Since 2004 Guidelines, approved by the Senate of the Swiss Academy of Medical Sciences
- Focus on „end of life care“
- Assisted suicide
 - no physician can be ordered to assist suicide
 - the decision-making process to assist suicide or to reject to do so must be documented
 - the death of a patient as a result of assisted suicide must be reported to the examining authorities as an unnatural death

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The revised guidelines

- Content expanded
 - Professional dialogue with the dying patient
 - Decision-making and treatment options as a mediation process between diverging interests and conflicts of interest
 - Obligation to define the therapeutic objective
- Recommendations more specific
 - Differentiation and definition of treatments that may shorten the duration of life
 - Guidelines for doctors concerning treatments that are controversial
 - Clearly illegal actions

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Summary 1

- The numbers of assisted suicides are increasing
- The use of deep sedation as a treatment method in end-of-life-care has increased substantially in recent years
- Statutory obligations and Criminal code remain unaffected and are broadly accepted and effective

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Summary 2

- The revised guidelines of the Swiss Academy of Arts and Medical Sciences have to fight
 - any social pressure towards end-of-life-care with the aim to shorten the life of chronically or critically ill patients and elderly persons depending on care
 - any pressure on physicians to assist or perform assisted suicide
 - the interpretation of human rights as guaranteed unlimited self-determination of individuals concerning their time of death in the context of end-of-life-care

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Summary 3

- The revised guidelines of the Swiss Academy of Arts and Medical Sciences should give more specified recommendations on palliative sedation
 - Best possible control of the symptoms with as few side-effects as possible
 - Respite sedation for severe non-somatic suffering if there are no alternative treatment options
 - Limiting terminal deep sedation to the dying process
 - Quality management

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Summary 4

- The revised guidelines of the Swiss Academy of Arts and Medical sciences should give specified recommendations on assisted suicide
 - The physician has the right to refuse
 - The physician respects the patient's human right of self-determination and acts in dedication for the benefit of the patient
 - It is the physician's responsibility to check the essential prerequisites such as severe suffering, no alternative treatment options, persistent desire to die, no indications of pressure from a third party, free will, power of judgement...

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Thank you

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