On Death and Dying – Medical Concepts and Ethics in Palliative Care

Prof. Dr. med. Stephan Sahm
- Clinic for Gastroenterology, Oncology, Palliative Care, Ketteler Hospital Offenbach, University Center for Tumour Diseases (UCT)
- Institute of History and Ethics in Medicine, Frankfurt University

I: The philosophy behind: on rights and duties at the end of life
II: Normative concepts of medical acts at the end of life
III: Flaws and fallacies in the case for euthanasia and assisted suicide

Moral and Political Rights

- right to non-interference vs. claims on others
- foundational rule: preference of existence to non-existence of members of human society
- justification of state interference to protect life

Foregoing treatment as a clinical routine (a survey)
- 70% of deaths in clinics (US-Hospital society)
- 50% limitation of specific treatments (Van der Heide, 2003)
- Stopping any treatment in 10% of all cases in an ICU (Wunsch 2005)

Medical acts at the end of life: normative view
- Change of the Goal of Treatment

Palliation is an indispensable obligation

Curative                        Palliative

- Change of the Goal of Treatment
Inappropriate concepts
- passive euthanasia
- indirect active euthanasia

A side remark: palliative sedation
> symptome guided sedation if they are not to be relieved otherwise / depending on medical indication and consent
> reversible and to be controlled; with respect to deepness of sedation

Palliative sedation
> Indication and performance not distinct from other medical treatments
> frequency of unwanted side effects not higher, yet, even lower than with other medical treatments
> Caveat: palliative sedation may be used as a pretence to practice euthanasia without retrospective surveillance (s. Derde evaluatie 2017)

Interim summary
- the preference for life is the foundation of human rights
- limitation of therapies are part of clinical routine
- there is no medical indication to intend ending a patient’s life

Is there a case to overcome what had been laid out so far?
> patients’ right to self-determination?
> Medical necessity or emergency?

Flaws and fallacies in the case for assisted suicide
> assistance with suicide contradicts self-determination
  - a) if restricted to cases of terminal illness
  - b) it suggests social acceptability
> @ b): because refraining from judgement is the only appropriate attitude in order to preserve liberty
Flaws and fallacies in the case for assisted suicide

- Assistance with suicide does not prevent suicidal acts; rather it is an independent risk factor increasing frequency.
- Suicide is „contagious“.
- It underestimates palliative care and misinterprets medical acts at the end of life.

Suicides in Switzerland: with/without assistance and total

Year 2000: Data from Sitte, T: Inaugural thesis, 2015

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<tr>
<th>Year 2013: Data from Sitte T: Inaugural thesis, 2015</th>
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<td>Year: 2000/2013</td>
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<td>Without Ass: 1000/1800</td>
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<td>With Ass: 100/200</td>
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<td>Total: 1100/2000</td>
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Euthanasia in the Netherlands

Derde evaluatie / Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding 2017

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To restrict euthanasia and assisted suicide by law does not criminalise state-of-the-art palliative care.
Final Summary

- There is no moral claim justifying euthanasia and assistance with suicide
- rather, liberalising endangers great many patients
- physicians should withstand any attempts to introduce such practices in their respective countries

Thank you for your attention