

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

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Medicine at the End of Life

- 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

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Moral and Political Rights



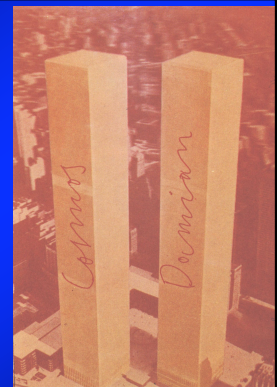
- right to non-interference vs. claims on others
- foundational rule: preference of existence to non - existence of members of human society
- justification of state interference to protect life

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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 IC-Unit
(Wunsch 2005)

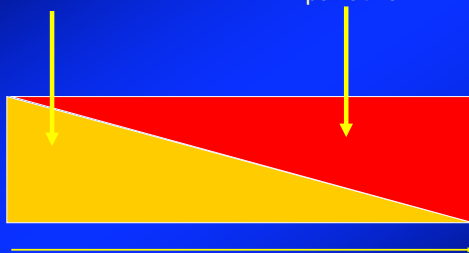


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palliation is an indispensable obligation

curative

palliative



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Medical acts at the end of life: normative view

- Change of the Goal of Treatment

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Inappropriate concepts

- passive euthanasia
- indirect active euthanasia

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A side remark: palliative sedation

- symptom 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

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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)

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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



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Is there a case to overcome what had been laid out so far?

- ❖ patients' right to self-determination?
- ❖ Medical necessity or emergency?

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Flaws and fallacies in the case for assisted suicide

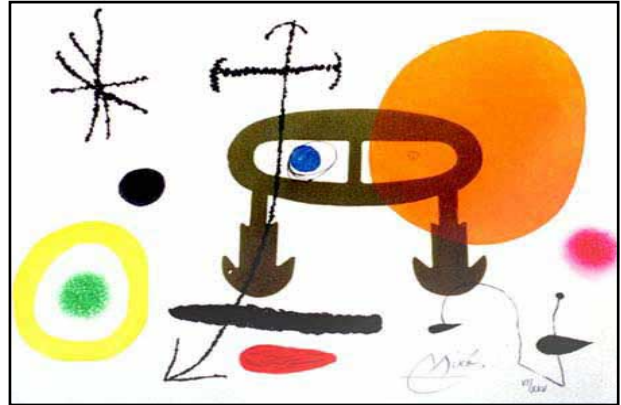
- ❖ assistance with suicide contradicts self-determination
 - a) if restricted to cases of terminal illness
 - b) it suggests social acceptability
- ❖ @ b): because refraining from judgement is the only appropriate attitude in order to preserve liberty

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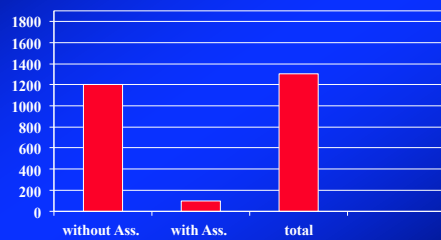
- ❖ assistance with suicide does not prevent suicidal acts/ rather it is an independent risk factor increasing frequency
- ❖ suicide is „contagious“
- ❖ it underestimates palliative care and misinterprets medical acts at the end of life

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Suicides in Switzerland: with/ without assistance and total

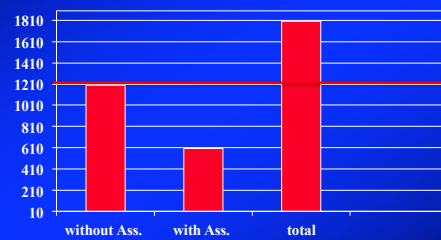
Year 2000/ Data from Sitte, T: Inaugural thesis, 2015



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Suicides in Switzerland: with/ without assistance and total

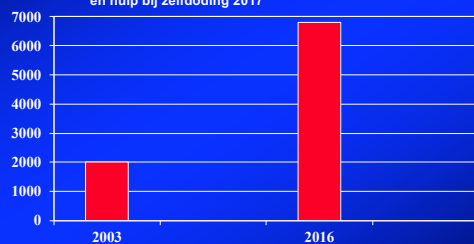
Year 2013; Data from Sitte T: Inaugural thesis, 2015



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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



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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

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Thank you for
your attention



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