Euthanasia – the global debate

Euthanasia is about the end of life – ending someone’s life. It is not about end of life care – the care we, as doctors, give to people at the end of their lives. So this article is not about end of life care, or palliative care, it is about ending someone’s life. Ending life can be a legal issue – whether it is legal to end someone’s life according to the law of the country. But whether it is legal or not, it is always an ethical issue. Even if allowed by the laws of the country, the NZMA in its statement on euthanasia and doctor-assisted suicide (last updated in 2005) states that “euthanasia, that is the act of deliberately ending the life of a patient, even at the patient’s request … is unethical” and that doctor assisted suicide is likewise unethical even if they were to become legal, or decriminalised. The NZMA strongly opposes euthanasia, as it believes it completely undermines a doctor’s ethical base and the fundamental ethical principle “first do no harm.” This position reflects that of the World Medical Association, which was reaffirmed in 2005, and states that euthanasia and doctor-assisted suicide are unethical.

So where is euthanasia allowed by law? It would appear that the Netherlands have the longest track record with respect to euthanasia and its legality. Euthanasia was decriminalized there in 1973 but it was only in 2001 that the Dutch parliament legalized voluntary physician-assisted suicide. The legislation incorporated developments in case law, including scope for peer review, and provided common ethical principles covering doctors’ actions in regard to patient requests for euthanasia. In 2002 the Dutch Euthanasia Act came into being following a lengthy developmental process that codified the case law and medical ethics that had evolved since 1973. In a paper about this Johan Legemaate noted that the practice of euthanasia in the Netherlands appears to have stabilized and euthanasia and assisted suicide occurred in 2.7% of all deaths (between 1991 and 2003). Interestingly, in a study by Van der Heide in 2005, he found that the rate of euthanasia and physician-assisted suicide in all deaths had dropped to 1.7% and that assisted suicide was less common than euthanasia in each year. The Dutch define assisted suicide as intentionally helping another person to commit suicide, or providing that person with the means to do so. They do not distinguish fundamentally between the two, leaving the decision between euthanasia or assisted suicide to the patient and the physician, depending upon the circumstances of the case, the characteristics of the patient and his or her medical condition. The Royal Dutch Medical Association advises physicians for psychological reasons to favour assisted suicide but this is not a binding rule.

In Oregon in 1994 voters approved an initiative known as the Death with Dignity Act, by a narrow majority, and in 1997 it became law. There, the law explicitly prohibits active euthanasia whereby a physician directly administers a lethal dosage to end a patient’s life. Following the enactment of that law, an Oregonian Taskforce developed a guidebook to promote excellent care for the dying and to develop standards for clinical practice. The Taskforce emphasized the legal and moral freedom of an individual clinician to refuse to

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1 Johan Legemaate, 2004 The Dutch Euthanasia Act and related issues, JLM 11: 312
2 Agnes van der Heide et al, End of Life Practices under the Euthanasia Act, NEJM 2007; 356: 1957-65
assist in a suicide if they conscientiously objected. The procedure there is that, after complying with several legislative requirements, the physician writes a prescription that the pharmacy dispenses, and the patient decides when, where, in what manner and with whom present they will self-administer the medication. In Oregon neither the attending physician nor anyone else can administer the medication.

In 2002, in Belgium, a Euthanasia Act came into force comparable to the Netherlands but only pertains to euthanasia and does not allow for physician-assisted suicide. However in 2003, the Belgian Order of Physicians recommended dealing with physician-assisted suicide in the same way as euthanasia reflecting an expansion of the law in this way.

The Canadian Medical Association in its most recent statement on euthanasia, 2007, does not support euthanasia or assisted suicide and urges its members to uphold the principles of palliative care.

The British Medical Association narrowly voted for a neutral position in 2005, which indicated it would not oppose legislation which altered criminal law but would press for robust safeguards and allow for conscientious objectors. However, at their annual conference in 2006 this position was overturned and since then the BMA has continued to oppose euthanasia on the grounds that it is alien to the moral focus of medicine.

So where does that leave us as doctors? Any decision on whether euthanasia and assisted suicide should be legal will be made by society as a whole. Any such decision will not change the ethical position adopted by the NZMA.

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