



NEWSLETTER

THE GUILD OF ST. LUKE, ST. COSMAS & ST. DAMIAN HONG KONG

May 99

FEATURE ARTICLES: EUTHANASIA

FOREWARD

Why are we talking about Euthanasia again ?

Euthanasia is not a new topic. It has been discussed all over the world from time to time. In Hong Kong, there has not been a formal open debate on it yet. However, erratic discussion is sparked off from time to time by the mass media, especially when there is legislative changes in foreign countries, or when local incidents simulating euthanasia happened. In 1995, the HK government had asked for opinions on euthanasia, with the ultimate aim of drafting a position paper on this topic. However no concrete move came out so far.

We think this is a good time to have some thoughts on this subject, because more open and formal discussion on this topic may take place here in Hong Kong in the coming future. We need to know more basic information about this in order to be better prepared.

WHAT IS EUTHANASIA ?

Euthanasia is the direct, intentional killing of a patient at his/her request.

A common manoeuvre is the administration of a lethal agent.

Voluntary euthanasia

- euthanasia with patient's consent

Involuntary euthanasia

- euthanasia without patient's consent
- this is definitely unethical and illegal

The term "**Passive euthanasia**" has been used to mean "withholding or withdrawing life supporting measures" (see below). This is a misleading term and should not be used any further. "Euthanasia" should be restricted to "voluntary, active euthanasia".

Assisted Suicide

- This means that a physician facilitates a patient's death by providing the necessary means and / or information to enable the patient to perform the life-ending act (eg. providing sleeping pills and information about the lethal dose, while aware that the patient may commit suicide.)

The followings are **NOT** Euthanasia :

1. Withholding or withdrawing futile Life-sustaining treatments

These are medical treatments that serve to prolong life without reversing the underlying medical condition. These may include mechanical ventilation, renal dialysis, chemotherapy, antibiotics.

To withhold or to withdraw life-sustaining treatment is basically similar in their clinical and ethical consideration and hence they are usually discussed together as a single category.

2. Provision of a palliative treatment that may have fatal side-effects

This is also described as **double-effect**. The intent of the treatment is to relieve pain and suffering, not to end the patient's life, but the patient's death is a potential side effect of the treatment. (eg. increasing morphine dose for pain relief which has the risk of respiratory depression)

- ✓ It is important to distinguish the differences among all these terms, since many opinion surveys or reports on Euthanasia mix up different issues, hence mislead the respondents and make misleading conclusions.



EUTHANASIA - WHY AND WHY NOT ?

*Reasons to **support** Euthanasia :*

1. Patient Autonomy - the right to die at a patient's own choice is a right to be respected
2. Compassion - it is better to let the patient die painlessly in dignity than to prolong his suffering

*Reasons to **oppose** Euthanasia :*

1. Conflict on role of doctors - doctors are healers and preservers of life, they must not kill
2. Erosion of the trusting relationship between doctors and patients
3. Difficult to define what is "Unbearable suffering" whereby euthanasia can be allowed
4. The risk of Abuse - *the Slippery Slope* - the legalisation of Euthanasia may lead to abuse, voluntary euthanasia may become involuntary euthanasia, the more vulnerable will be at risk eg the elderly, the incompetent patients
5. The Right to Die becomes the Duty to Die - the culture of the society may change such that those more disabled and dependent ones feel the pressure that they are a burden and they should choose Euthanasia
6. Euthanasia may replace proper medical care as a treatment alternative. With such an easy and cheap solution, the society will be less willing to spend money to develop Palliative care or improve medical treatments for such patients.

WHAT IS GOING ON IN OUR WORLD ?

Status of Euthanasia in some countries

1. NETHERLANDS

Netherlands is often quoted as a country where euthanasia is legal. This is not true. Legally, active euthanasia is a criminal offence, but physicians are not persecuted if they follow certain criteria. Today, this becomes part of Dutch policy.

The followings are the conditions to be fulfilled:

- the patient has a desire to die
- informed free and consistent decision of patient
- the patient has severe mental/physical suffering
- lack of other treatment options
- another medical practitioner is consulted
- the life expectancy of the patient should be within 6 months.

However, reports on the practice of euthanasia in Netherlands reflect that it is being abused. The guidelines are not being adhered to, and some patients are being euthanised without their own consent.

2. OREGAN, USA

The Oregon Death With Dignity Act was approved in Nov 94, which approved **physician assisted suicide** only, not euthanasia in general terms. (but the act was currently barred by an injunction).

The doctor has the right to prescribe a lethal dose of drugs for a terminally ill adult patient who asks for it in order to give himself or herself an overdose.

Conditions to be fulfilled :

- patient's life expectancy within 6 months
- a second doctor needed to confirm the prognosis
- consultation of psychiatrist needed if mental disorder suspected

3. NORTHERN TERRITORY, AUSTRALIA

The Northern Territory Rights of the Terminally Ill Act was passed on 25 May 95, making Australia the first country to legalise euthanasia in the world. However the Act was later barred by the Australian central government.

The followings are conditions included in the Act:

- voluntary consent by the patient
- patient 18 years or above
- patient suffering from terminal illness
- the pain/suffering is unacceptable to patient
- psychiatrist consulted

ADVOCATES OF EUTHANASIA - MURDERERS OR HEROES ?

USA:

Dr Kevorkian and the Death Machine

Dr Jack Kevorkian has helped 130 people kill themselves with a "Death machine" since 1990. (After the patient touches a switch, there would be intravenous infusion of thiopental sodium followed by potassium chloride which stops the heart.) He had been taken to court repeatedly but attempts to persecute him all failed. In April 1999, he was finally convicted of second-degree murder for injecting a man who suffered from motor neurone disease with a lethal dose of chemicals. He was sentenced to prison for a period of 10-25 years.

AUSTRALIA:

DR DEATH AND EUTHANASIA CLINIC

Philip Nitschke is often referred to as Australia's Dr. Death. He was responsible for the four legal euthanasia after the legalisation of euthanasia in Northern Territory (the law now overturned). He also developed a computer program, available on the Internet, designed to kill patients by delivering lethal drugs through an intravenous line, as well as a

“suicide pill” composed of common household ingredients. Nitschke had also announced plans to open a euthanasia clinic in Melbourne to put, among other things, despairing patients in touch with black market sources for barbiturates and other drugs

EXAMPLE OF PROPONENT GROUP FOR EUTHANASIA :

The Hemlock Society (*Hemlock is the poison that Socrates took for suicide)

The society is founded in USA by Derek Humphry, who is the author of the book “Final Exit” (which is a book teaching on various ways of suicide). The society advocates rights of people to end their own lives and it promotes the legalisation of euthanasia.



WHAT IS A GOOD DEATH ?

The word “Euthanasia” comes from Greek :

eu = good

thanatos = death

Hence, the basic issue of Euthanasia takes root on our idea of what is a good death

CULTURE OF DEATH

Besides what we define as “Good death”, how we look at death in the whole context of life is also important. In modern society where we are living, easy death is increasingly being regarded as a solution to many of life’s problems. Our society is gradually infiltrated by a *culture of death*, which is marked by the growing temptation to take control of death and bring it about before its time.

The threat of this Culture of Death is described in the *Gospel of Life* Encyclical Letter (1995)

“Here we are faced with one of the more alarming symptoms of the “culture of death”, which is advancing above all in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome.”

This climate is gradually shaping the ideas of the society about life and death.

WHAT ARE THE TEACHINGS OF OUR CHURCH ?

The Catholic Church has very clear stand point on Euthanasia - that it is **not allowed**. The Declaration on Euthanasia (1980) states clearly our Church's teachings. These principles are again stated in the New Catechism of the Catholic Church (1996).

1. The Value of Human Life

Our Church's strong prolife attitude is based on its belief on life - that life is from God and we are no more than stewards of our life.

Life is a gift of God's love, which they are called upon to preserve and make fruitful. Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan." (The Declaration on Euthanasia 1980)

2. Euthanasia

The New Catechism of the Catholic Church states:

Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick or dying persons. It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator.

3. On withholding or withdrawing futile life sustaining treatment

Our Church however does not advocate prolonging survival at all costs and in all situations. In situations where patients are gravely ill and their conditions irreversible, and where treatments imposed would only be futile efforts or a burden to the patients, it is permitted that these means may be withheld or withdrawn.

Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment.

Here one does not will to cause death; one's inability to impede it is merely accepted.

(New Catechism)

WHEN A PATIENT REQUESTS FOR EUTHANASIA

*Have you ever encountered a patient who says to you he wants to have euthanasia ?
What is your response ?*

When a patient requests for euthanasia, it is often an alarm signifying great suffering, rather than it being a genuine request for death. When the physical symptoms become under control, or when the patient get more psychosocial support, this request gradually fades out.

Therefore, when a patient requests for death, it may be an accusation that we, being their carers, are not doing enough for them.

Hence it is important that we go deeper beyond the words of our patients and understand their needs and mobilise help for them.

Moreover, it is also important for us to manage the pain and symptoms in patients properly so that they do not suffer unnecessarily.

The Hospice movement, which has its root in UK by Dame Cicely Saunders, aims to provide holistic care for terminal patients, which include physical, psychosocial and spiritual care.

MYTHS AND BELIEFS

Though euthanasia may appear a remote issue to us, since we perceive that it would not happen in Hong Kong or to us directly in foreseeable future, it does serve to stimulate our thoughts on Life and Death, which are important issues for us - as human, as doctor, and as people who have a faith.

How do we look at Life ?

What is our idea of a Good Death ?

What is the meaning of Suffering ?

“It’s easy to bear adversity. Another man’s I mean.” (Mark Twain)

As doctors, we are often in touch of people who are in suffering and who struggle with the pain of death. We are more aware that it is not easy to speak lightly and judgementally on these issues. However our faith does help to shed some light amidst our frustration and confusion.

EUTHANASIA AND CATHOLIC DOCTORS

Our faith reminds us that suffering is a mystery. It does has meaning (though we may not understand at the very moment), and it serves a role in God’s whole salvation plan.

Life is a gift from God. On the other hand death is unavoidable. It is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with fullresponsibility and dignity.

It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life.

Therefore, all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith.

STATEMENT OF OUR GUILD

As Catholic doctors, we feel the need to have a firm and clear stand on Euthanasia.

The following is a draft of the *Statement of our Guild on Euthanasia* which we may use as our official stand on this issue.

Please give your comments and feedback.

STATEMENT ON EUTHANASIA - GUILD OF ST. LUKE

W e are opposed to Euthanasia, which is defined as the direct intentional killing of a patient at his/her request.

H uman life is sacred and belongs to God. No one may dispose of it at will. Every individual is called upon to preserve it and to make it fruitful.

I n patients who are gravely ill and with irreversible adverse conditions, withholding or withdrawing life sustaining treatments which are burdensome to them should not be regarded as Euthanasia.

F or patients who suffer from advanced incurable diseases, they should be provided with good palliative care.

"If we live, we live to the Lord, and if we die, we die to the Lord" (Rom. 14:8).

APPENDIX

WEB SOURCE ON EUTHANASIA -

Proponents of Euthanasia :

DeathNet - <http://www.islandnet.com/deathnet>

Opponents of Euthanasia :

International Anti-Euthanasia Task Force - <http://www.iaetf.org>

Human Life International - <http://www.hli.org> (Catholic)

Catholic Resources for Medical Ethics :

<http://cwis.usc.edu/hsc/info/newman/resources/ethics.html>

RESPONSE TO STATEMENT ON EUTHANASIA

Your support and feedback will be very important in showing our united stand.

Please sign and return the following to us.

Please send to Dr Rebecca Yeung at

Fax : 23403762

Address : Clinical Oncology Dept, Pamela Youde Nethersole Eastern Hospital, Chai Wan.

I support the above statement on Euthanasia

I have the following comments :

Signature : _____ Full name : _____

Contact Phone / Fax / Email : _____

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