

From France

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This text has been examined carefully by various SFAP members. They all found it very clear and of considerable interest: it indicates clearly that euthanasia is a voluntary action and defines the criteria that enable one to differentiate euthanasia from terminal sedation. It invites us to hear the distress conveyed by such a demand and it places the act of euthanasia outside the responsibility of palliative care. This document is clear and well argued; it is useful in so much as it gives one food for thought and debate. . . .

Some members, however, consider that paragraph 4.5 (the provision of euthanasia and physician-assisted suicide should not be a part of the responsibility of palliative care) ought to be asserted more forcefully. The wording of this position should very explicitly exclude euthanasia from the field of palliative care and palliative care from the field of euthanasia, and should be completed by a definition of the scope of palliative care. This is because, at the present time, the confusion between the two is intentionally fostered by the proponents of euthanasia.

This document is a first step, and we must give further thought to these problems. It is essential to study closely demands for euthanasia, to examine their meaning, to work on legislation about euthanasia and, finally, to put forward recommendations enabling us to specify how palliative care can contribute to situations that are so difficult to deal with, beyond simply lending a sympa-

thetic ear to demands for euthanasia. In order to pursue this work it seems essential that the EAPC Task Force should acquire a truly European dimension by integrating other members. In France, the SFAP, unaware of this work of the Task Force, has started to tackle these important topics, with the help of doctors, nursing staff, volunteers, philosophers, etc.

The EAPC Task Force might also consider making some recommendations to palliative care teams in countries where a law has already been passed, or in those countries where legislation is pending, in order to give some support to doctors and nursing staff. What help will be available to these health care professionals when, because of their refusal to practice euthanasia, they have to avail of some derogatory clause, or conscience clause? Will a reference to the EAPC Constitution and By-Laws or to their own national charter be sufficient? What are the recommendations made by the EAPC for training in medical ethics?

The debate about euthanasia must be continued, but without any loss of identity for palliative care. We must ensure that the aim of the debate is not solely to promote euthanasia. Indeed, palliative care staff must continue to think about these problems, and to develop and put forward proposals in the way of care, medication, and accompaniment.

Our thanks to the authors of this work.