

From Estonia

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The standpoints of the Ethics Task Force on euthanasia and physician-assisted suicide are fully acceptable. The issue of euthanasia is under debate in many countries but Estonia is not ready for such a debate. Occasionally, the problem of patients with intolerable suffering is discussed and the issue of euthanasia is raised. Also, many patients who are in severe pain turn to their physicians with the same question. However, after adequate pain relief they no longer wish to die. In Estonia there has not been any debate on euthanasia, neither at a professional nor at public level. I and many of my colleagues feel that before any such debate there should be wide access to modern palliative care and better information about the options for patients.

1) The importance of palliative care and pain relief is not fully recognized in Estonia. There is no university training for specialists in these fields of medicine. Home care for cancer patients is accessible only in larger cities. There are not enough beds in hospices and nursing homes. Introduction of pain clinics is only just beginning. In this situation it is irrelevant to discuss and judge the issue of euthanasia. We have to educate our patients to ask for help. We have to educate ourselves to help them.

2) The other aspect to be emphasized is providing adequate information about the issue. Clear definitions are of great importance. In this respect the paper is very useful. As an anaesthesiologist I have seen several patients dying on the operating table or in the ICU. Sometimes there is nothing more to do than just watch it happening. Nevertheless, I am not sure that I will be psychologically ready to inject muscle relaxant with the clear intention of killing my patient. Actually, thinking about the precise practical details of administering lethal injections may change attitudes and opinions.

We have to accept death as a natural and inevitable part of human life. Denying it is not a solution. Every sufferer should have good access to modern palliative care. I agree that every sufferer has to be well informed about the options and has the right to choose between them. In my opinion our country is not ready for dealing with such a debate at present. However, the time may come in the very near future.

The Task Force has done a great job encouraging debate in different countries (in those that are ready for such a debate) providing clear definitions and information about euthanasia.