

From Sweden

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Is palliative care consistent with euthanasia? I think it is. And where euthanasia is practised it is of the utmost importance that palliative care functions well in a mutually trustful co-operation with the system of euthanasia. This means that palliative medicine should stay neutral with respect to euthanasia. And this means that paragraph 4.7 and 4.9 in the report from the Task Force are problematic. Even if these clauses are vague, they seem to imply that a system of euthanasia should be resisted on grounds to do with the goals of palliative medicine. This stance with respect to euthanasia lacks a sound rationale.

Three aspects of the WHO definition of palliative care are crucial in the present context: the fact that palliative care 'provides relief from pain and other distressing symptoms', the fact that palliative care 'affirms life and regards dying as a normal process' and, finally, the fact that palliative care intends 'neither to hasten or postpone death'.

The first aspect is clearly not at variance with a system of euthanasia being practised. A patient who has made a request for euthanasia, and who has been granted the right to euthanasia, when the situation has become unbearable (by the patient's own judgement) could and should be provided with the best available system of symptom control. If the palliative care team is successful then this may mean that the patient need not resort to euthanasia. If they fail, then euthanasia will be provided. Certainly, if they fail they must insist that euthanasia is not part of palliative care, so they will not provide it. But they must concede that the fact that the patient asked for euthanasia did in no way stop them from providing him/her with good symptom control.

What then of the second clause? If palliative care affirms life and regards dying as a normal process, does not this mean that palliative care must be in opposition to euthanasia? I think not. The proper role of the palliative care team is to affirm the life of the dying patient and regard the process of dying as a natural one – up to the point where the patient is dead. And being true to this goal, the team should consider also the death from euthanasia 'natural'. Indeed, where euthanasia is prac-

tised, the death from euthanasia *is* a perfectly natural death.

But if it is part of the goal of palliative medicine neither to hasten or postpone death, how can palliative care be reconciled with euthanasia?

To see that it can we need only observe that euthanasia could be conceived of as a possible *complement* to palliative care. Some patients who receive palliative care may seek euthanasia as well.

But should not the palliative care team attend to *all* the medical needs of a patient? And does not this mean that there is no room for euthanasia, once palliative care has been initiated?

No, this is a much too broad view of palliative care. Palliative care is certainly consistent with the practice of other kinds of medical care. Even a dying patient who receives palliative care may need to see a dentist. This does not mean that the dentist is practising palliative care. In a similar vein, the physician who provides euthanasia may be seen as giving an *additional* service to the patient.

All this does not mean that people who practice palliative medicine need individually to take up a neutral stance towards euthanasia. Like other citizens, they ought to articulate their individual views on the matter. Some may then resort to arguments such as the one put forward by the Task Force in paragraph 4.7. However, palliative medicine as such should not adopt controversial arguments such as these. It should be neutral with respect to euthanasia.

If euthanasia is introduced in a country, then it is of the utmost importance that palliative medicine can flourish and that palliative medicine can function in a respectful co-operation with patients who ask for euthanasia and with physicians who provide it. In particular, patients who ask for euthanasia should be at no disadvantage with respect to symptom control. If they are, then this may mean that they feel a pressure to ask their physician for a service they do not really want to obtain. And this is indeed a scary perspective.

So, in the final analysis, it is in the interest of the patients who need palliative care that palliative medicine as such stays neutral with respect to euthanasia.