

## From Germany

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The debate on the legalization of euthanasia has been going on for some time; however, the approval of the new laws on euthanasia in the Netherlands and in Belgium has created an extremely intense public debate in Europe. A not inconsiderable number of physicians in Germany are expected to welcome an implementation of regulations similar to the 'Dutch' or 'Belgian approach'. In my opinion, these colleagues are overlooking the fact that palliative medicine/care is a real alternative to euthanasia.

After about twenty years of work in the field of palliative medicine I am deeply convinced that a high standard of palliative treatment and care – if provided as services with an area-wide coverage – will significantly reduce individual requests for euthanasia or physician-assisted suicide, if not eliminate them altogether. Society, but especially the decision makers within the healthcare system, is now required to establish extensive palliative care without any further delay.

It is a very good thing that the EAPC again confirms its position on the subject of euthanasia through its specialist committee, following its initial statement in 1994. I very much appreciate the clear and distinct verbalization of this very complex issue. The well-founded definitions of the principal terms of the subject are extremely helpful. It is to be hoped that these will gain international acceptance.

I fully support the demand for a high standard of palliative care (as in paragraph 4) but it should be added that this needs to be provided in all areas. The presentation of the Task Force's position with regard to paragraphs 4.4 and 4.5 seems a bit weak for my understanding, and I would like to recommend that the word 'should' is replaced by 'must'. Paragraph 4.8 appears to present an incomplete answer to the question of unnecessarily prolonging life or the option of life-ending measures due to a patient's unbearable distress. Living wills and advance directives are not the sole alternatives. In this context, palliative treatment and care must definitely be mentioned.

In addition to the WHO definition of palliative care, the modified EAPC definition incorporates the following principles:

Palliative care affirms life and regards dying as a normal process.

Palliative care intends neither to hasten nor to postpone death.

Palliative care offers a support system to help patients live as actively as possible until death.

Therefore, it should now be absolutely clear that euthanasia is – under no circumstances – compatible with palliative care and palliative medicine.