

From Sweden

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Euthanasia is still unnecessary and dangerous

In 1994, Roy Rapin and the Board of Directors published the EAPC's stance on euthanasia.¹ Their position was clear: 'We should, firmly and without qualification, oppose the legalisation of euthanasia as both unnecessary and dangerous'. Their position paper reminded us of how the Nazi euthanasia programme started from individual requests and subsequently, was executed by ordinary doctors and nurses, who were later brought to the Nuremberg trials. The authors had no illusions that the doctors and nurses living today would be more able to withstand individual and societal pressure for euthanasia than our colleagues in Nazi Germany were. Their warning for the future read: 'The signs in our society of overt discrimination, latent racism, and utilitarian insensitivity to the vulnerable are too prominent for us to be naive about proposals to decriminalise euthanasia. We should maintain an uncompromising stand against a law that would permit the administration of death'.

The EAPC's position on euthanasia does not stand alone. It is well in accordance with the WHO's definition of palliative care 'Palliative care affirms life and regards dying as a natural process; it neither hastens nor postpones death', the Declaration of Human Rights, 'All human beings are born free and equal in dignity and rights. Everyone has the right to life, liberty and security', and the European Council, 'to encourage the member states of the Council of Europe to respect and protect the dignity of terminally ill or dying persons in all respects; by upholding the prohibition against intentionally taking the life of terminally ill or dying persons'.

In 2001, the EAPC Board convened a Task Force in order to review and update the organization's position on euthanasia. The view presented by the Task Force is an alarming departure from the clear stance against euthanasia taken by the authors of 1994. The Task Force's view is not opposed to euthanasia and physician-assisted suicide. Rather, the authors propose a lenient attitude towards advocates and executors of medicalized killing by demanding 'respect' for individual choices. The Task Force proposes that individuals requesting euthanasia should have access to palliative care expertise, but if the individual insists on euthanasia, the Task Force will accept the request, providing the palliative care staff are only bystanders. Thus, the patient should be referred to

another department for medicalized killing. The Task Force also wants to encourage more debates and more studies of euthanasia and physician-assisted suicide, but it does not reveal its own norms and values on these matters. It seems to hide under the veil of a 'neutral' position to medicalized killing.

Since 1994, we have seen legalization of euthanasia and physician-assisted suicide in both the Netherlands and Belgium. Recent studies have shown illegal medicalized killing has been carried out in Australia, Belgium and the Netherlands. In Switzerland assisted suicide is legal and special 'assisted suicide clinics' also serve foreigners, so-called 'death tourism'. In many European countries, including Sweden, a large minority of the general public express support for euthanasia in public opinion polls.

Considering the success for the euthanasia lobby since 1994, I am deeply concerned about the Task Force's suggestions for changing the EAPC's current position. I am also concerned that if the EAPC abandons an uncompromising stand against euthanasia, then the national medical associations will have to leave the organization. The Swedish Association for Palliative Medicine is a member of the Swedish Medical Association, which is a member of the World Medical Association. The World Medical Association's position on euthanasia from 1987 states: 'Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical'. Recently, the WMA condemned euthanasia as unethical and urged all doctors and medical associations not to participate in euthanasia even if national law allows it.² The Swedish Medical Association's Ethical Rules are identical to those of the WMA regarding euthanasia and physician-assisted suicide. Consequently, I cannot see how the Swedish Association for Palliative Medicine could accept a 'neutral' position on euthanasia.

In conclusion, I consider the Task Force's new position on euthanasia and physician-assisted suicide to be unhelpful in our daily work against the legalization of euthanasia. Furthermore, it could force the medical associations out of the EAPC. Thus, I think we should maintain an uncompromising stand against euthanasia and keep to the EAPC's current position.

References

- 1 Roy DJ, Rapin C-H and the Board of Directors of the EPAC. Regarding euthanasia. *Eur J Palliat Care* 1994; **1**: 1-4.
- 2 Sheldon T. World Medical Association isolates Netherlands on euthanasia. *BMJ* 2002; **325**: 675.