

From Taiwan

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'An ant still struggles to live, not to mention a man'. This saying represents the Chinese attitude to life. Although it is not as clear as Western culture that meaning is what life is searching for, life itself is the meaning for Chinese people. Maybe this kind of belief emerges because of the agricultural nature of Chinese society. No matter how hard people raise and look after their crops, it is 'God' who decides what they will earn. They might earn a fortune if the weather is good, and earn nothing if the weather is bad. Therefore, weather is important. But good or bad, one does not change the fact that Chinese people have to work hard for their crops and lives.

This is what I see in my patients. Pain seldom overcomes them, although they give no answer when asked how they cope with it. Usually a patient says, 'This is my destiny. I must face it'. It sounds helpless but there is great courage here. I am deeply touched by this bravery.

Hence, I pledge myself to palliative care and against euthanasia and physician-assisted suicide (PAS), because what cancer patients need are helping hands to cope with this suffering, instead of ending lives. When pain and suffering are relieved, what is left in life is still precious. If there is really nothing a person cherishes or wants from the living world, why not commit suicide instead of asking someone else to end his/her life? It is important

not to be confused by a patient who cannot bear suffering rather than life itself.

A 'natural death' act was passed in Taiwan in 2000. Public debates and forums have provided opportunities for health care professionals to make clear the difference between euthanasia and PAS and palliative care. The hospice movement is taking off. At this moment, there are 49 hospice units in Taiwan, including in-patient units and home care services. Official resources are coming in from national health insurance payments and grants from the Department of Health. A specialist palliative medicine society has been established to promote education. Quality assurance programmes have been established. And I believe, if hospice care is widely available the calls for euthanasia and physician-assisted suicide would eventually diminish.

I applaud the fact that the Ethics Task Force encourages the EAPC to engage in direct and open dialogue with those within medicine and healthcare who promote euthanasia and physician-assisted suicide. The position paper of the Task Force is clear and accurate. Better understanding will help us to make better decisions. I truly hope that the welfare of the world will be promoted through these precious efforts.