

From Uganda

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Dr Merriman started working in Africa in 1964. She specialized in geriatric and community medicine during an eight-year spell in the UK in the 1970s. In 1983 she taught in medical schools in Penang and Singapore. Since 1985 she has been involved in setting up palliative care services in Singapore, Kenya, Uganda and more recently in Tanzania, Malawi and Ethiopia. She has been based in Uganda since 1993.

Introduction

I accept the simplified definitions given in the position paper by the Task Force. They will give a clarification to future teaching and discussions in Uganda.

In all three countries, Singapore, Kenya and Uganda, where I have been involved with introducing the concept and practice of palliative care, I have been approached by well-meaning indigenous health professionals stating that euthanasia is not acceptable in their culture. They have thought that palliative care, mainly because we were introducing morphine for pain control, meant practising euthanasia or physician-assisted suicide.

Although introducing euthanasia as a subject on curricula was thought unnecessary initially, it is the most sought after topic for a contribution from palliative care physicians, for both health and multidisciplinary debate

Uganda

The Ugandan legal system is derived from British Law and as such taking the life of a patient is against the law.

In Uganda, suicide brings shame on a family. The body of the deceased is often beaten and if the person has hanged themselves, a hole is dug under the site and the body cut down and let drop into the hole for burial. A Christian is still not allowed to have a Christian burial or be buried in holy ground, even though the universal Churches have now stated that this can happen.

Although death is no stranger to Ugandan families, the deliberate taking of a life on request by the patient is not acceptable.

However this does not stop our patients or their carers for having their own views on this.

1) The patient: In our experience in many cultures, including the UK, it is normal for a patient who is undergoing a long and sometimes painful and costly illness before death, at some stage, to wonder if they would not be better to die. In countries such as

Uganda, where family finance is scarce and Government assistance to the terminally ill and their carers is absent, a patient will usually consider that they would be better to go now. The carer can thus be released to return to providing food for the family and children can return to school. The patient will only communicate this worry to a dedicated health professional if they have made a special relationship with that person and will not be condemned. We look on it as a compliment for a patient to share these fears with our team, and we support the patient with hope and assurance of our presence to give holistic support including pain and symptom control. We look on this as the sixth stage of grief . . . it is normal.

- 2) Health professionals, who never had any hope to control pain before 1993, because the knowledge of pain and symptom control and the necessary medications were not available, also have considered that perhaps euthanasia was the most humane way to assist a terminally ill patient in severe pain. However, it has not been practised. Most patients with cancer and/or HIV in Uganda still die in severe pain.
- 3) In resource strapped countries, if people are valued only for their economic contribution to the family and the community, euthanasia may be a logical step in reducing financial pressures. This approach is coming to Africa.
- 4) Health decisions are made on financial ability to pay. Life, suffering and death outcomes hang on the thread of the family to pay at micro levels.

Finally

The future of euthanasia needs to be thought about by health professionals before our legal colleagues bring their views to the Government with a view to changing the laws on euthanasia. We are grateful to the Task Force for their clarification of definitions on this issue, which will contribute to our ongoing debates here in Uganda.