
Editorial

The euthanasia debate and a new position paper from a Task Force of the EAPC: a helpful reappraisal or a retreat into obfuscation?

The word euthanasia is derived from the Greek ‘euthanatos’, meaning a good or peaceful death. The stated goals of both euthanasia and palliative care are thus to achieve death without suffering. Inevitably those working in palliative care have been drawn into the debate and discussion of the complex issues involved in euthanasia and physician-assisted suicide because care of the dying is part of their day-to-day work. Palliative care is not, of course, focussed just on dying patients, but has a much broader remit and to the majority of those working in the specialty, the whole concept of euthanasia is anathema. However, to many observers palliative care is inextricably linked to euthanasia and this makes it necessary for palliative care practitioners to have a clear view of the issues involved and to be able to dispel any confusion about where they stand. Euthanasia remains a criminal offence in almost every country. Campaigns to decriminalize and promote euthanasia are a recurring phenomenon and grow ever more vociferous.

The EAPC was one of the first organizations in this field to respond to the widespread popular and political pro-euthanasia campaign by publishing a position paper in the first edition of the *European Journal of Palliative Care*.¹ *Regarding Euthanasia* was the result of a collaboration between the Board of the EAPC, Dr David Roy (Montreal) and Professor Charles Henri-Rapin (Geneva). This document defined euthanasia as the ‘compassion-motivated, deliberate, rapid and painless termination of the life of someone afflicted with an incurable and progressive disease’. It went on to discuss the roles of humanity, autonomy, proportionality and futility in making decisions which will allow a patient to die. The authors’ stance was unequivocal: ‘we should, firmly and without qualification, oppose the legalisation of euthanasia as both unnecessary and dangerous’. The Board of Directors of the EAPC fully endorsed this position and it was generally welcomed by the palliative care community. The paper has been often cited and adopted by other organizations in the field.

The EAPC decided to form an Ethics Task Force in 2002 to review the position on euthanasia because there have been ‘major development and achievements in the

field of palliative care’ since the original statement was published. During the same time euthanasia and physician-assisted suicide have been briefly legalised in the Northern Territories of Australia; euthanasia is illegal but not punishable within strict guidelines in the Netherlands; and is legal in Belgium (with similar constraints). Physician-assisted suicide is permitted in Oregon, USA. Numerous studies and opinions on euthanasia and physician-assisted suicide have been published and debated.

The Ethics Task Force has drawn up a new position paper, which is published in this edition of *Palliative Medicine* (the research journal of the EAPC)² and simultaneously in the *European Journal of Palliative Care* (the journal of the EAPC). The paper was initially presented to the Board of Directors of the EAPC but the Board decided not to endorse it on behalf of the Association. The Editors of the two journals have decided to publish it. Because of the nature of the topic, we sought reviews for *Palliative Medicine* and commentaries on the paper from around the world; essentially to undertake a comprehensive peer review process. The reviewers were given a very tight deadline but have responded enthusiastically as is evident in the 55 commentaries from 32 countries. We invited commentaries from healthcare professionals, ethicists, philosophers and policy makers, most of whom have some link with or involvement in palliative care. In this way, we were responding to the authors of the paper who, while arguing generally against euthanasia and physician-assisted suicide, urge the EAPC and its members to engage in direct and open dialogue with those within medicine and healthcare who promote euthanasia and physician-assisted suicide arguing that ‘understanding and respect for alternate viewpoints is not the same as ethical acceptance’ of either practice.

How have commentators responded to the document? There is, not surprisingly, a range of reactions. Most have welcomed the document as a useful contribution to an ongoing debate. Some authors have commented carefully on the definitions and wording used, others have commented on the arguments employed and the conclu-

sions drawn, and others have taken the opportunity to voice their own views on euthanasia and physician-assisted suicide. There is both praise and criticism for the wording of the document and the definitions used, although the suggestion that the differentiation between active and passive euthanasia is inappropriate is widely welcomed. Since most commentators are involved in some way in palliative care, it is perhaps not surprising that the majority argue against euthanasia, indeed some comment on the 'inevitable' bias of a document on euthanasia originating from palliative care professionals. However, while many regret the softening of stance against euthanasia, some welcome it and a few feel that the EAPC should have endorsed this paper in the same way as it did the original publication.

We invited Professor Alastair Campbell, Director of the Centre for Ethics in Medicine in Bristol and a former President of the International Society of Bioethics to introduce the topic, to review the commentaries and to reflect on the whole exercise.

We have devoted more than half of this issue of *Palliative Medicine* to this topic. We have achieved a truly peer-reviewed paper and have been rewarded with much elegant, interesting, sometimes academic, but always thoughtful material in the commentaries. We believe this has been a unique exercise for a peer-reviewed journal and we invite you to join the discussion by writing to us (but please do this soon so we can include

correspondence in the next issue). The discussions will go on. We are confident that the document and the resulting commentaries will stimulate debate 'rather than confirm(ing) the beliefs of those who have already positioned themselves' (Meijburg, p 176). We should not lay ourselves open to the accusation of 'a stance based on ideology, rather than logical and ethical arguments' (Stiefl, p 106). The paper and commentaries should allow us to re-examine our views and perhaps assumptions, since the considerations of 'different approaches are not a sign of weakness, on the contrary, they may prove a source of inspiration' (Meijburg, p 176).

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References

- 1 Roy DJ, Rapin CH. *Regarding Euthanasia*. *Eur J Palliat Care* 1994; **1**: 57–59.
- 2 Materstvedt L-J, *et al*. Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force. *Palliat Med* 2003; **17**.