

From the West Indies

Dr Dingle Spence

Dr Spence is a Clinical Oncologist by training who has recently returned from the UK to her home country where she is Consultant in Oncology and Palliative Medicine at the Hope Institute in Kingston, Jamaica.

This paper is an extremely welcome addition to the debate on euthanasia and physician-assisted suicide.

The definitions offered are particularly clear and leave no room for doubt, and I found the phrase 'at that person's voluntary and competent request' particularly pertinent. It is my experience that some members of the public still believe that euthanasia is a term that can be interchanged with 'mercy killing', and that the patient may therefore be at the mercy of health professionals, who could make a decision independently as to whether that patient's life is worth living or not, and then act accordingly.

I agree wholeheartedly with the suggestion that the term 'voluntary euthanasia' should be abandoned; its use gives credence to the idea that there may be such a thing as 'involuntary euthanasia', i.e., mercy killing, as mentioned above, doubtless a fear of many vulnerable people.

The fact that this paper represents a viewpoint from the palliative care perspective means that it is undoubtedly biased, and takes the position that the widespread provision of palliative care services will reduce the calls for euthanasia and physician-assisted suicide. This may indeed be so; however, I do wonder at either the arrogance or overoptimism of this position. Do we, as palliative care physicians really believe that the availability of good palliative care will solve the problem for all those who perceive that their life has become intolerable and not worth living? There may be many people with nonmalignant life-threatening diseases, such as the neuromuscular wasting disorders, for whom palliative care may offer very little in terms of relief from the progressive debilitating nature of their illness. There may be others, who find themselves completely paralysed and utterly dependent, perhaps secondary to trauma, for whom palliative care may offer little, and for whom an early death at a time of their own choosing may be a preferable outcome. While the establishment of

palliative care within mainstream healthcare systems is an admirable goal, we should not be deluded into thinking it will be a 'cure all' with respect to requests for euthanasia.

The paper acknowledges on at least two occasions that individual requests for euthanasia or physician-assisted suicide should be treated sensitively and with respect and understanding, but it does not go as far as acknowledging that some of these requests may be justified despite the best and most excellent provision of palliative care for that individual.

The potential problems that may arise following the legalization of euthanasia are eloquently listed, and it is my view that the EAPC should be assisting the countries where it is legal to monitor prospectively in order to see whether any of the proposed potential problems become a reality for those societies.

This writer has recently moved from Europe to a developing Caribbean country. Palliative care is essentially an unknown art here, and pain control in malignant disease is poor at best. Despite this, it appears that the prevailing opinion of both patients and healthcare professionals alike is that euthanasia has no place in this society. Life, it seems, is very precious here, and suffering at the end of it is seen as part of the journey. To escape from it early is seen either as murder (by health professionals) or as deeply unChristian (by the patients).

I wonder whether indulging in a debate regarding euthanasia is a privilege of living in a sophisticated and developed society.

Ultimately there is no absolute position to be held on anything, and there will always be individuals for whom euthanasia seems to be a persuasive option. However, the EAPC Task Force has done an excellent job in producing a well-written paper presenting an ethical stance against euthanasia, and I believe that the nonprofessional public should have access to the views represented here.