

From Argentina

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The position paper from the EAPC Task Force on Euthanasia constitutes a demonstration of the achievements to be reached by mature organizations. Lack of euphemisms and strict definition of what is actually considered to be euthanasia for European palliative care practitioners adds power to the paper.

This EAPC Task Force paper will surely be welcome by people involved in palliative care in our country, helping to initiate a broad debate. With a current situation in Argentina in which a large majority of our population is coping with unmet basic necessities, euthanasia is scarcely discussed, though politicians have intended to legislate about it without promoting any debate in society. Media comment on euthanasia is usually only in relation to some high profile case (usually from abroad), but the general public does not seem to be interested in these issues. At the same time, there are no legal regulations explicitly directed towards decisions in the last days of life, even when for the last five years interest in ethical issues on the topic has increased, mainly in the medical sector.

The results of three recent local surveys point out the urgent necessity to open the debate to society as a whole. One survey of 172 generalist physicians and surgeons from Buenos Aires regarding medical decisions concerning the end of life,¹ revealed that decisions to withhold or withdraw treatments capable of prolonging life were taken by 46% of respondents. The majority of participants demonstrated a low level of awareness and knowledge of this specific issue, but were frequently involved in issues relating to end-of-life care.

Another study published in the most prestigious medical journal in Argentina indicated a strong need for ongoing discussion and education on the subject.² The survey consisted of questions to 407 young doctors about withholding treatment, assisted suicide and euthanasia without the patient's consent: 70.5% agreed with decisions to withhold treatment; 24% were in favour of assisted suicide; and 61% ($n = 257$) agreed with 'active euthanasia without the patient's consent'. In this last group, 63% of doctors ($n = 162$; 39.8% of the overall

survey) answered that they had ended the life of terminally ill patients without their explicit consent, in order to relieve their suffering.

This paternalistic physician's attitude has been well recognized in a small audit from our group, where 13 of 18 consecutive advanced cancer patients referred by their oncologists for palliative chemotherapy said they were sure they would be cured with this treatment. On the other hand, none of 15 advanced cancer patients who were referred for palliative care expected to be cured. Even though small, this sample is representative of what we can observe in daily practice.³

The results of these studies indicate that it is imperative that the medical profession ask itself what their members are doing in relation to end-of-life care, what teaching should be provided in medical schools and spread the debate across society. We believe it is necessary not only to increase knowledge and arguments for debate, but also to consider the emotional and cultural aspects of the subject and promote a multidisciplinary debate on the issues involved.

From the Argentinean Association for Palliative Care (AAMyCP), we are grateful for the work developed by the EAPC, which both enlightens and encourages this debate in our country.

References

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- 2 Przygoda P. Euthanasia and physician-assisted suicide in Argentina and in other countries. *Medicina (Buenos Aires)* 1999; **59**: 195–200.
- 3 Eisenchlas J, Junin M, Tripodoro V, De Simone G. The oncology/palliative care interphase – an audit regarding expectations and communication about palliative chemotherapy. Paper presented at the ending of the University of Wales Palliative Medicine Diploma Course, July 2002.