

From Israel

Dr Avraham Steinberg Shaare Zedek Medical Center and The Hebrew University-Hadassah Medical School, Jerusalem, Israel

Dr Steinberg is Senior Pediatric Neurologist, Shaare Zedek Medical Center and Associate Professor in Medical Ethics, The Hebrew University-Hadassah Medical School, Jerusalem, Israel.

For a terminally ill patient, the doctor–patient relationship differs from the usual one in that only some of the usual goals of medicine can be applied. One of the main functions of the physician at that stage is to alleviate as far as possible pain and suffering of the patient and his/her family. However, in my opinion, there should *never* be a goal of a healthcare team member to hasten death actively, intentionally, and purposefully.

A valid analysis of the position that any healthcare professional group ought to consider is the appropriate balance between conflicting values.

Several ethical principles relate to the care of the terminally ill patient. The most important and pertinent ones are the *value of life* and the *principle of autonomy*. Other values to be considered include beneficence, non-maleficence, distributive justice, and the question of the slippery slope.

The value of life can be viewed in absolute, vitalistic terms. According to this view, one must endeavor to extend the life of every patient, by *any* possible treatment, at any cost, in every situation. The principle of autonomy, in its extreme formulation, requires the fulfillment of *any* request of a competent person. Accordingly, one should intentionally and directly kill any person, not necessarily a dying patient, upon his/her voluntary and competent request to do so. Obviously, these two values, as defined above, are conflicting at times and a decision has to be reached as to the actual acts to be performed by healthcare providers.

From a pure philosophical standpoint it would make sense to adopt a clear, absolute, and definite position. Yet most people reject an extreme position; they rather advocate a balancing approach. Accordingly, one should practice neither extreme autonomism nor extreme vitalism. Rather, one should adopt a respect for both values, with appropriate restrictions. The true issue is: what is 'the appropriate' balance?

It seems to me very clear that most Western people and countries choose to respect the principle of autonomy,

but with limitations. Hence, the fulfillment of autonomous requests of patients are qualified within the limits of competency, comprehension, lack of harm to third parties, and voluntarism. However, it should also be limited within accepted moral restrictions that take into account the value of life. Hence, most countries have (so far) rejected the legalization of intentional killing of patients, as well as intentionally helping a person to commit suicide, because such acts cause serious devaluation of life, much beyond the required balance between the value of life and the principle of autonomy. Ideological justifications were elaborated for the terrible killing carried out half a century ago on a Nazi-racist basis, and in our day and age by religious fundamentalistic terror activities. They have seriously eroded the value of life. Although ethically different, killing justified by ideology of autonomy is still killing. Hence, it is very important for civilized societies to erect fences against degrading the value of life. To this consideration, one should add the serious concerns against euthanasia and physician-assisted suicide that are detailed in paragraph 7 of the Ethics Task Force position. I should add that the acceptance of withholding life-prolonging measures as well as the appropriate use of high standard, modern palliative care are very important factors in striking the balance against euthanasia and physician-assisted suicide.

The spirit of the proposed position of the Ethics Task Force is, indeed, against euthanasia and physician-assisted suicide, but the actual position on this matter is stated very vaguely.

I suggest to endorse the proposed position of the Ethics Task Force with one significant addition: *have a clear statement against euthanasia and physician-assisted suicide*, based on the above ethical–social analysis, as well as the relevant points within the proposed statement. In my opinion, avoiding doing so seriously undermines the contribution of this statement to the ongoing debate on euthanasia and physician-assisted suicide.