

From Iceland

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The Icelandic society consists of a relatively homogenic population of 285 000 inhabitants only, 17 000 of these being of foreign origin. Around 1100 new cases of cancer are annually diagnosed and 450–500 patients die of malignant diseases every year.¹ The Icelandic hospice movement was set in motion in 1987 with a home care hospice unit and has developed into three free standing home care hospice units taking care of 80–100 families every day. Two hospital inpatient palliative care units are now employed with 13–15 beds combined. More than 95% of the patients that are taken care of within the field of palliative care are persons with terminal malignant disease and these consist of three-quarters of all patients dying annually from malignant disease in Iceland.

Euthanasia is illegal according to Icelandic law. The debate in Iceland about the topic has up to now been low in volume and mainly restricted to professionals within the fields of medicine, nursing or philosophy and several sprouts in the media, mostly by columnists in daily newspapers. In a survey, more than 400 physicians and nurses in two major hospitals in Iceland responded to the question *Is euthanasia justified under any circumstances?* (published in the *Icelandic Medical Journal* 1997). Around 5% of the physicians and 9% of the nurses said yes to the question but only 2% stated that they were willing to participate in such a procedure.² The Bishop of

the Icelandic Lutheran State Church has repeatedly spoken vehemently against euthanasia of any kind³ and so have many representatives of other churches and religions. The very few official supporters of euthanasia are less than a handful of theoretical philosophers.

Not a single case of euthanasia has been reported to the Icelandic Directorate of Health nor has there been a case in the courts.

It is general experience among professionals working in oncology and palliative care in Iceland that while suicidal ideation is rather common among symptomatic patients and not an uncommon topic, it is extremely rare that patients or their relatives ask a carer whether euthanasia can be provided. It is our view that the greater the access to optimal palliative care the less the demand for euthanasia.

References

- 1 The Icelandic Cancer Registry, 2002.
- 2 Valsdóttir EB, Jónsson PV, Arnason V, Helgadóttir H. *Læknablaðið* 1997; 84: 92.
- 3 HE Bishop of Iceland, Karl Sigurbjörnsson [Morgunblaðið]. 18 April 2001.