

# Hospice Palliative Care Association of South Africa

## Position paper on Euthanasia and Assisted Suicide

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## 1. INTRODUCTION:

### 1.1 PURPOSE

To describe the HPCA position on Euthanasia, Assisted Suicide and Palliative Sedation, to advise members organisations and to inform media and the general public.

### 1.2 VALUE STATEMENT

The Hospice Palliative Care Association of South Africa affirms life, regards dying as a normal process, and intends neither to hasten nor postpone death. Euthanasia and physician assisted suicide are not part of palliative care practice.

### 1.3 DEFINITIONS

(from Materstvedt LJ *et al.* *Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force.* Palliative Medicine 2003; 17: 97-101)

*Euthanasia* means killing on request and is defined as a doctor intentionally killing a person by the administration of drugs, at that person's voluntary and competent request. In euthanasia the *intention* is to kill the patient, the *procedure* is to administer a lethal drug and the successful *outcome* is immediate death.

*Assistance in suicide* means knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs.

*Physician Assisted Suicide* is defined as a doctor intentionally helping a person to commit suicide by providing drugs for self-administration, at that person's voluntary and competent request.

*Palliative sedation* is defined as the use of sedative medication to relieve intolerable suffering in palliative care. In palliative sedation the *intention* is to relieve intolerable suffering, the *procedure* is to use a sedating drug for symptom control and the successful *outcome* is the alleviation of distress. Death occurs naturally through the disease progression with dignity and comfort.

Most commentators make no formal ethical distinction between euthanasia and assisted suicide, since in both cases the person performing the euthanasia or assisting the suicide deliberately facilitates the patient's death. There is also disagreement about whether euthanasia and assisted suicide should rightly be considered "medical" procedures.

## 2. BACKGROUND

When a patient's medical diagnosis precludes the hope of health being restored or maintained, and the death of the patient is inevitable, the physician, the care team, the patient and the family are often faced with a complex set of decisions regarding medical interventions.

The duty of doctors is to heal, where possible, to relieve suffering and to protect the best interests of their patients. There shall be no exception to this principle even in the case of incurable disease. The primary responsibilities of the doctor and care team in end-of-life care are to assist the patient in maintaining an optimal quality of life through controlling pain and other distressing symptoms and addressing psychosocial and spiritual needs, and to enable the patient to die with dignity and in comfort.

Health care practitioners must ensure decisions are properly documented including clinical findings, discussions with the patient or others involved in decision making and details of treatment. Records should be legible, clear, accurate, unambiguous and accessible to team members.

### **3. POSITION STATEMENT**

The HPCA of South Africa opposes euthanasia and doctor assisted suicide on the basis that it does not in fact support an individual's dignity nor express the value of that individual. It is also an unnecessarily extreme measure given the palliative alternatives that neither prolong life nor hasten death. The philosophy of palliative care is holistic, paying attention to the multidimensional aspects of the whole person. The expressed desire for euthanasia needs to be explored holistically as an expression of existential suffering. This is done by engaging the patient in a dialogue with active listening and empathy, and exploring the following themes:

- Reality of the disease progression
- Exploring and understanding the person's goals for care
- Perceptions of their suffering and sense of burden to others
- Anticipation of the dying trajectory
- To explore the timing of desired death (this is often seen as sometime in the future – not yet)
- The desire for good quality end-of-life care
- The care and support that is or can be offered by good health care and supportive significant others care
- Clinical depression as co-morbidity.

This dialogue requires clinicians to be skilled in sensitive communication, to have knowledge and skills in clinical care and in addressing bioethical issues.

An expressed wish for euthanasia may represent a person's wish for a choice of action, of having an option or possible future way out. HPCA of SA acknowledges that patients have a right to be involved in the decision-making process concerning their treatment or non-treatment (c.f. Policy on withholding and withdrawing treatment), and that a request by a patient for euthanasia is identified as part of this process. Understanding and respect for this alternate view point is not the same as ethical acceptance of this view.

#### **4. ADVANCE CARE PLANNING AND ADVANCE DIRECTIVES**

The Hospice Palliative Care Association of South Africa supports and encourages advance care planning as an important aspect of palliative care. Advance care planning is the process of discussing and documenting a person's wishes for care in the event of their not being able to communicate this in the future.

The value of an advance directive is to guide medical and healthcare decisions. The importance of the Advance Directive is that the person drawing up this document in discussion with family and healthcare providers indicates their preferences for care while they are able to discuss these preferences. This will assist families and health care professionals to make decisions relating to a person's care.

#### **5. CONCLUSIONS AND RECOMMENDATIONS**

The obligation of a health care professional in the palliative care setting is to try, as far as possible, to offer care that will ease the dying, but not deliberately bring about death. HPCA of SA promotes the effective relief of pain and other distressing symptoms for people with life-threatening and life-limiting illness. The submission is that access to quality palliative care removes the need for euthanasia as a means of relieving suffering.

The HPCA recommends that:

- 1) The South African government integrates palliative care into their country's health care system. This will enhance the accessibility and affordability of palliative care to those people in need of this service. The essential steps to integration of palliative care into the formal health care sector include:
  - i) the development of a palliative care country strategy, documenting policies, procedures and standards for delivery of palliative care and recognition of palliative care as a specialization;
  - ii) education of healthcare workers in palliative care and support of these workers to transfer learned palliative care skills into their work settings;
  - iii) a review of the Essential Medicines List to ensure the availability and affordability of essential palliative care medication including opioid analgesics.
- 2) Health care providers undertake training in communication skills, bioethics and palliative care and ensure that they maintain their knowledge and skills to provide quality palliative care.
- 3) Health care providers encourage advance care planning and discussion of preferences for end-of-life care

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