

# *The Carter-Jenkins Center*

*presents*



# Humberto Nagera M.D.

Director, The Carter-Jenkins Center



# **“DEATH WITH DIGNITY”**

by

**Humberto Nágera M.D.**

**Professor of Psychiatry, University of South Florida.**

**Professor Emeritus, University of Michigan.**

**Training and Supervising Psychoanalyst,**

**Director, The Carter-Jenkins Center**

# Bibliography

*This lecture is essentially based on the following publications:*

- End of Life Issues and Care, APA ONLINE at [www.apa.org/pi/eol/arguments.html](http://www.apa.org/pi/eol/arguments.html)

The function of assisted suicide in the system of Human Rights by Ludwig A Minelli, DIGNITAS Forch-Zurich, March 28, 2008, Amsterdam Symposium.

- Assisted Suicide: Tread carefully when you help to die (assisted suicide laws around the world) at [www.assistedsuicide.org/suicide\\_laws.html](http://www.assistedsuicide.org/suicide_laws.html)
- Some Information about DIGNITAS by Ludwig A Minelli, A speech to the Liberal Party Convention, Brighton, 20<sup>th</sup> September 2006
- ETHICS IN MEDICINE: Physician-Assisted Suicide, University of Washington School of Medicine at: <http://depts.washington.edu/bioethx/topics/pas.html>

# Bibliography (cont)

- **RELIGIOUS TOLERANCE: Euthanasia and physician assisted suicide: All Sides, at [www.religioustolerance.org/euth2.htm](http://www.religioustolerance.org/euth2.htm)**
- **MSNBC: Elderly couple end their lives at Swiss clinic, 3/08/09**
- **Craig Ewert Assisted Suicide (ALS patient) at: <http://www.youtube.com/watch?v=x8H32GvBq-w>**
- **Annotated Legal Cases on Physician Assisted Suicide in the USA at: [www.rbs2.com/pas.pdf](http://www.rbs2.com/pas.pdf)**
- **UB Center for Clinical Ethics and Humanities in Health Care at: <http://wings.buffalo.edu/faculty/research/bioethics/court.html>**

# DEATH WITH DIGNITY

- Christian beliefs concerning suicide were documented by Thomas Aquinas (circa 1225-1274 CE). He condemned all suicide (whether assisted or not) because: It violates one's natural desire to live. It harms other people. Life is the gift of God and is thus only to be taken by God.
- Michel de Montaigne (1533-1592 CE) was the first dissenter among Europeans. He wrote five essays which touched on the subject of suicide. He argued that suicide should be considered a matter of personal choice, a human right, indicating that it is a rational option under some circumstances. In his "*A defense of legal suicide*" (1580), he wrote: "*Death is a remedy against all evils: It is a most assured haven, never to be feared, and often to be sought: All comes to one period, whether man makes an end of himself, or whether he endure it; whether he run before his day, or whether he expect it: whence soever it come, it is ever his own, where ever the thread be broken, it is all there, it's the end of the web. The voluntariest death is the fairest. Life dependeth on the will of others, death on ours.*"<sup>6</sup>

# “Death with dignity”

## Physician Assisted Suicide (PAS)–Euthanasia:

In PAS the physician provides a prescription that the patient will use himself/herself to terminate his life. The physician is not involved at all in the administration of the lethal medication (certain criteria needs to be met as well, as we will see)

In Euthanasia, the physician himself administers the lethal dose of the medication selected. He does so, only after repeated requests from a patient (he never initiates the procedure) that meets criteria (to be discussed) to justify such a procedure

# Arguments for PAS or Euthanasia

- *The Prevalence Of Death From Degenerative Disease Is A Modern Problem Not Addressed By Antiquated Laws:*
- The long tradition of prohibition against suicide, including penal laws dating to the founding of this country derive from a time when death was rarely preceded by long periods of physiologically degenerative suffering. At the time the Constitution and the Bill of Rights, the process of dying was usually quick and more likely to be due to infectious disease. Medical intervention did little to prolong life, or to prolong the process of dying. The cases before the Court nowadays, however, involve degenerative death, a creature of modern medicine; they should therefore be decided on an historically clean slate. Courts, in finding for Respondents, would not be judicially mandating social change; it would be applying constitutional doctrines of protected individual rights to a new factual situation.\*

# Arguments for PAS or Euthanasia

- Epidemiologists identify four distinct periods to describe mortality and longevity in the history of mankind. In the Age of Pestilence and Famine, from the dawn of human existence to approximately 1850, people died primarily from infectious and parasitic diseases, exacerbated by famines and plagues. Advances in public sanitation, immunization and antiseptics in medicine gave rise to the Age of Receding Pandemics. It lasted until 1920 leading to an increase in life expectancy. From 1920 until 1960, the Age of Degenerative Man-Made Diseases, advanced surgical techniques, antibiotics, the administration of intravenous fluids and drugs, the development of respiratory support systems and improved therapeutic and diagnostic techniques further increased life expectancy. Omran, "The Epidemiologic Transition: A Theory of the Epidemiology of Population Change," **Milbank Memorial Fund Quarterly** 49 (4):509-38 (1971). Epidemiologists characterize the current state of mortality and life expectancy, which arose in the mid 1960's, as the Age of Delayed Degenerative Diseases, in which the majority of people die at later ages from degenerative diseases, such as cancer, heart disease, stroke and neurological diseases. \*

# Arguments for PAS or Euthanasia

“These epidemiological changes are partly illustrated by the changes in life expectancy. At the turn of this century, American life expectancy at birth was 46.5 years for males and 49 years for females. Life expectancy at birth is now approximately 72 years for males and 79 years for females. Life Tables for the United States 1900-2050, Social Security Administration, SSA Pub. No. 11-11534. **But these advances in life expectancy are associated with a fundamental change in the way we die:** throughout the developed world of the late 20th century, including the United States, the majority of the population will die of degenerative disease. About a third of deaths are due to circulatory disease; another third are due to cancer; and the remaining third include degenerative conditions like neurological diseases and various forms of organ failure. The modern form of degenerative death is estimated to account for 70-80% of all deaths in the United States. Battin, **The Death Debate**, at 178.”\*

\* UB Center for Clinical Ethics and Humanities in Health Care at:  
<http://wings.buffalo.edu/faculty/research/bioethics/court.html>

# Arguments for PAS or Euthanasia

- “Not only do these deaths from degenerative disease tend to occur at more advanced ages than has been characteristic of earlier periods of human mortality, but particularly in the case of cancer, they are often accompanied by protracted periods of pain and suffering before death, a phenomenon which occurred comparatively rarely until recent years. Prior to the development of modern antibiotics, the patient whose condition deteriorated severely or who became bedridden was likely to contract pneumonia or other infections and die, thus being naturally spared the most difficult phases of end-stage disease.
- The issue of physician-assisted suicide should be decided on the basis of present realities and not by reference to antiquated laws and customs adopted long before the modern form of degenerative death became prevalent. Neither the framers of the Constitution, nor any previous legal authorities, could have foreseen the way most people now die.” \*

\* UB Center for Clinical Ethics and Humanities in Health Care at:  
<http://wings.buffalo.edu/faculty/research/bioethics/court.html>

# Arguments for PAS or Euthanasia

- Every human being should have the right to decide how and when to end his life in certain special circumstances:  
According to Ludwig A Minnelli (2008), Attorney at Law in Zurich, and Secretary General of DIGNITAS all European states except the Vatican and Belarus are signatories of the European Convention on Human Rights (ECHR). Further, the European Court of Human Rights in Strasburg “is the powerful watchdog of this convention. Two of the most important Human Rights contained in this Convention are the Right to life in article 2 and the Right to respect one’s Private Life in article 8” He further explained how the Court interpreted the Right of a human being to end his life in the case Diane Pretty in April 29<sup>th</sup> of 2002 as follows:

# Arguments for PAS or Euthanasia

“Although no previous case has established as such any right to self-determination as being contained in Article 8 of the Convention, the Court considers that the notion of personal autonomy is an important principle underlying the interpretation of its guarantees”. The Court added: “The very essence of the Convention is respect for human dignity and human freedom. Without in any way negating the principle of sanctity of life protected under the Convention, the Court considers that it is under article 8 that notions of the quality of life take on significance. In an era of growing medical sophistication combined with longer life expectancies, many people are concerned that they should not be forced to linger on in old age or in states of advanced physical or mental decrepitude which conflict with strongly held ideas of self and personal identity”

# Arguments for PAS or Euthanasia

Further, in late 2006 the Swiss Federal Court stated that “the right of self determination ...includes the right to decide on the way and the point in time of ending one’s own life, providing the person is able to form his/her will freely and act thereafter”. Thus, the Swiss supreme Court has acknowledged that the Right of self-determination includes choosing to end one’s own life.

- Minnelli further described that in Switzerland there are about 1350 cases of suicide every year but that there are between 10 to 50 times more attempts than successful suicides.

# End of life issues: Assisted suicide

- Minnelli argues on that basis, that among the failed suicides many will be in a worse state than before the attempt. He explained how in DIGNITAS patients that received the “provisional green light” showed an immediate positive effect.
- About 70% of members of DIGNITAS ask for a green light but having received it most people never contact DIGNITAS again! Knowing that there is an emergency exit available, should it be needed, is so comforting “that they have a good chance of living until their life’s <natural end>”

## End of life issues: Assisted suicide

- He concluded that we should offer professionally supervised assisted suicide to those whose problems cannot be solved, even after intense discussion with non-judgmental people “free from any paternalism, whether medical, religious or governmental”
- Considering the above, we may think that accepting the idea of freedom and autonomy of the individual, in the question of self determination, is the best way to protect the maximum of people, from premature death and is in the very best public interest

## End of life issues: Assisted suicide

- He thought, that if the laws are not changed, we may prevent several dozen or hundreds of people from having an assisted suicide but will have to accept, that hundreds of thousands of people will attempt a lonely suicide (with the concomitant risks for themselves and others).
- Further, he added, we will have to accept that thousands of people will commit suicide without having had an opportunity as a free person, free from pressure, to seek help with a potentially solvable problem

# Arguments for PAS or Euthanasia

- The Swiss organization “DIGNITAS-To live with dignity-To die with dignity” has two functions i.e., to provide members with a Living Will (called patient instructions) and two, to help members to make a risk-and pain free suicide, when they do have sufficient reasons to do so.
- Since DIGNITAS foundation in May 1998 to September 2006 (a 6 years period), they have helped 619 members to successfully end their lives. 54 of the 619 were Britons

# End of life issues: Assisted suicide

- 1- **Example 1: Craig Ewert Assisted Suicide (ALS)**
- 2- **Example 2: Dr. John Elliott PAS (multiple myeloma)**
- 3- **Example 3: Dot and Syd**
- 4- **Example 4: Peter and Penelope Duff**

## End of life issues: Assisted suicide

The story of Syd Robin and his wife Dot who had ALS



# Darling... please help me to **DIE**

The woman Syd Robbins adored was seriously ill and in pain. But would he be able to do what she was asking? Here Syd tells his story



15

# End of life issues: Assisted suicide

The APA Online has a good discussion (some of which we summarize here) of the pros and cons of this issue\* with an excellent bibliography as well:

## 1) Ethical/moral/religious arguments:

- Individuals should be allowed to control the way they die in terms of time, place and method, since quality of life at the end should predominate over the concept of the sanctity of life ( the principles of self determination and autonomy)

- Opposition comes from conservative religious groups who believe that life belongs to God and only He has the right to end it. Others believe that suffering at the end of life is of value, etc. It comes too, from medical associations (for example the AMA) that believe their job is to save lives and that PAS may undermine the integrity of the profession.\* Other groups are concerned that disabled people may fall victims of such procedures

# End of life issues: Assisted suicide

- **Surveys of physicians in practice in the US have shown that 1 in 5 will receive at least a request for PAS during their careers. Somewhere between 5 and 20% of such requests are eventually honored.**

# End of life issues: Assisted suicide

**But do devout believers have the right to take their own personal beliefs and extend them to the entire population? Should the personal beliefs of some religious folks decide public policy for all adults, including religious liberals, liberal Christians, non-Christians, secularists, humanists, atheists, agnostics, etc? \***

- \*From Ontario Consultants on Religious Tolerance, “Euthanasia an assisted suicide: All sides” (See bibliography)

# End of life issues: Assisted suicide

- The Hippocratic Oath is quoted as prohibiting killing but it also prohibited abortions, surgery, teaching fees etc., all of which has of course been modified as stated in the APA article. The Oath is very explicit as to relieving suffering, that could be interpreted and is, by some, in favor of assisted suicide
- Other arguments go in the direction of the occasional unreliability of diagnosis and prognosis as a reason against PAS\*, or even the possibility of future effective treatments etc.
- \* But this will be like saying that because courts make mistakes and at times condemn the innocent or even sentence an innocent person to death, we should not have courts...

## End of life issues: Assisted suicide

- Many people are opposed to the extension of life by medical technology, once that becomes futile and there is no quality of life left, but just undue suffering, pain and loss of dignity
- In the above non remediable circumstances, many think that a competent person should be helped to end his/her misery, by means of assisted suicide or even euthanasia, if he/she so wishes
- It is important to remember that this is the free choice of a competent dying individual. No one can force it on him/her. Further, there can be strict legislation to ensure that no abuses are possible
- Such legislation already exists in Holland, Switzerland and in Oregon and Washington in this country

## End of life issues: Assisted suicide

- What is seen as the potential abuse of assisted suicide is a frequently heard argument. The fear expressed, is that once something like this is approved, it may be extended to the handicapped, the severely ill, used to save money, inherit an estate, or get rid of “undesirables”, family pressure, etc.,. (The slippery slope argument)
- Appropriate regulations and procedures will no doubt prevent any such abuses. Such regulations are already available, as mentioned, in Holland, Switzerland and the states of Oregon and Washington. They seem to be effective, though they are criticized by the opponents of PAS

# End of life issues: Assisted suicide

## Assisted Suicide and Euthanasia in Holland:

- Both of the above have been decriminalized in Holland for many years and are permissible if the given regulations are followed
- A report from 1990 stated that from the approximately 130,000 deaths in Holland in that year, only 2,300 were the result of euthanasia and another 400 the result of assisted suicide
- This means that death through euthanasia constituted only 1.3% of the 130,000 deaths that year, and deaths through assisted suicide constituted 0.30% of the 130,000 deaths in Holland in 1990. Where is the abuse here?

# End of life issues: Assisted suicide

- In all the above mentioned cases in Holland the medical guidelines were met that is, patients were competent adults, were terminal and suffering with no viable alternatives who requested PAS or euthanasia, freely and repeatedly over time

# Assisted Suicide and Euthanasia in Holland:

- **Follow up studies in 1996 concluded that Dutch physicians continue to practice physician assisted dying only reluctantly and under compelling circumstances (Angell, 1996, p. 1677)\***
- **In another report (1996) \*\* the authors stated that there was little evidence of a slippery slope taking place**
- **Angell, M (1996), Euthanasia in the Netherlands-Good news or bad? New England Journal of Medicine, 335, 1676-78**
- \*\* **van der Maas et al, (1996) Euthanasia, physician-assisted suicide, and other practices involving the end of life in the Netherlands. New England Journal of Medicine, 335, 1705-1711**

# End of life issues: Assisted suicide

## State of Oregon provisions and safeguards for PAS:

- A competent patient must make an informed decision
- There must be a written request witnessed by two unrelated persons
- There must be a consulting physician
- The physician can refer patient to specialist to ensure competence, absence of depressive or other mental illness that may lead to an impaired decision

# Public opinion on Euthanasia

- 1- In the USA in 1997, 57% were in favor, and 35% opposed (CNN/USA Poll of 1997).**
- 2- In Canada 76% support (Gallup Poll). A rise from 45% in 1968**
- 3- In Britain 80% support**
- 4- In Australia 81% support**
- 5- In the Netherlands 92% support**

## End of life issues: Assisted suicide

The only places that openly and legally authorize PAS as of today are:

- 1- State of Oregon (since 1997)
- 2- State of Washington (since 2009)
- 3- Switzerland (since 1941)
- 4- Belgium (2002, permits euthanasia too)
- 5- Netherlands (voluntary euthanasia and PAS lawful since 2002 but permitted by the courts since 1984.  
Note: Both Dutch and Belgian euthanasia laws have caveats permitting assisted suicide for the mentally ill in rare and incurable cases.)

## End of life issues: Assisted suicide

- 6- Japan (voluntary euthanasia approved by High Court in 1962 but instances are very rare)
- 7- Colombia (*Colombia's* Constitutional Court in 1997 approved medical voluntary euthanasia but its parliament has never ratified it. So the ruling stays in limbo until a doctor challenges it. Assisted suicide remains a crime.)
- 8- Luxembourg (2008)

# End of life issues: Assisted suicide

In the United States an organization called Compassion and Choices offers advice in these difficult matters. Their e mail address is:

[info@compassionandchoices.org](mailto:info@compassionandchoices.org)

In a recent newsletter, they mention how Stephen Wallace of Benton City, Washington, who had pancreatic cancer with only a month given to live, was adamant to use the State new Death with Dignity Law. He found no support among his Doctors, at the Kadlee Medical Center, in Richland. This, in spite of the fact that the Hospital Board has voted to allow their physicians to participate in the law.

They strongly recommend that you find your Doctor views about these issues long before you may be in a situation were you may need this type of assistance

# Bibliography

*This lecture is essentially based on the following publications:*

- End of Life Issues and Care, APA ONLINE at [www.apa.org/pi/eol/arguments.html](http://www.apa.org/pi/eol/arguments.html)

The function of assisted suicide in the system of Human Rights by Ludwig A Minelli, DIGNITAS Forch-Zurich, March 28, 2008, Amsterdam Symposium.

- Assisted Suicide: Tread carefully when you help to die (assisted suicide laws around the world) at [www.assistedsuicide.org/suicide\\_laws.html](http://www.assistedsuicide.org/suicide_laws.html)
- Some Information about DIGNITAS by Ludwig A Minelli, A speech to the Liberal Party Convention, Brighton, 20<sup>th</sup> September 2006
- ETHICS IN MEDICINE: Physician-Assisted Suicide, University of Washington School of Medicine at: <http://depts.washington.edu/bioethx/topics/pas.html>

# Bibliography (cont)

- **RELIGIOUS TOLERANCE: Euthanasia and physician assisted suicide: All Sides**, at [www.religioustolerance.org/euth2.htm](http://www.religioustolerance.org/euth2.htm)
- **MSNBC: Elderly couple end their lives at Swiss clinic, 3/08/09**
- **Craig Ewert (ALS patient) and Dr. John Elliott (multiple myeloma) Assisted Suicide at:**  
**Ewert:** <http://www.youtube.com/watch?v=x8H32GvBq-w>  
**Elliott:** <http://www.youtube.com/watch?v=1j4c6aVFfUk&feature=related>
- **Annotated Legal Cases on Physician Assisted Suicide in the USA at:** [www.rbs2.com/pas.pdf](http://www.rbs2.com/pas.pdf)
- **UB Center for Clinical Ethics and Humanities in Health Care at:** <http://wings.buffalo.edu/faculty/research/bioethics/court.html>

**The End**

**Thanks for your interest and attention.**

**Questions?**

# *A Carter–Jenkins Center*

*production*



# The End

copyright 2009

