

Irish Association for Palliative Care

VOLUNTARY EUTHANASIA

Discussion Paper

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Introduction

Palliative care seeks at all times to respect the integrity, individuality and unique worth of each person regardless of his/her ability or functional status. Palliative care recognizes that it may not be possible or appropriate to postpone death, but, equally, death must not be hastened. Palliative care should not involve any course of action or treatment which is designed to cause a patient's death.

What is Euthanasia?

The European Association for Palliative Care (EAPC) has defined euthanasia as "A doctor intentionally killing a person by the administration of drugs at that person's voluntary and competent request."¹

A Patient's Right to Choose Treatment

One of the arguments advanced in favour of euthanasia is a patient's concern that he/she will be inevitably subjected to treatments that are inappropriate, troublesome and ultimately futile.

Competent patients have a right to refuse treatment even if that treatment is life prolonging. A patient's competency to make decisions is assessed by his/her doctor. If there is any doubt, a second opinion may be necessary. The Irish Association for Palliative Care endorses the right of the competent, informed patient to refuse medical treatment.

The situation becomes more complex when an individual patient is unable to participate in the decision-making process regarding his/her treatment options. Where patients have written an advance healthcare plan and the decision covers the situation that has arisen, then the advance healthcare plan should be followed in line with the Irish Medical Council's guidelines.²

Although at present there is no legislation in Ireland covering advance healthcare plans, the Medical Council advises that an advance healthcare plan has the same ethical status as a decision by a patient at the actual time of an illness and should be respected on condition that it was an informed choice, the decision covers the situation that has arisen and the patient had not changed his/her mind.³

In situations where no advance healthcare plan exists, the health care professionals are obliged to act in the patient's best interest. Good medicine does not involve the use of treatments that are clearly inappropriate and futile. Further, doctors are not obliged to initiate or persist with treatments that

are disproportionately burdensome.⁴ In this context, it is the burdensome nature of the treatment and not the disease that is under consideration.

Palliative care emphasises good communication between patients and healthcare professionals and the collaborative nature of care. The importance of establishing trust between the patient and the healthcare team is vital so that patients know that their wishes will be respected when they are no longer able to voice them. Although a patient may request a certain treatment or procedure, he/she cannot force a physician to comply with the request, especially if the treatment or procedure is unlawful or futile.

Treatment of Symptoms

Both the Medical Council of Ireland⁵ and An Bord Altranais⁶ state in their guidelines that when death is imminent it is the professionals' responsibility to ensure that the patient dies with dignity.

Basic principles of palliative care require that doctors offer patients sufficient analgesics and other appropriate medication to ensure that they are comfortable and pain free. There is no evidence that the judicious use of strong pain killers (opioids) shortens life.

The Irish Association for Palliative Care recognises that for a variety of reasons, a patient in the final days and hours of life may experience restlessness and agitation. The clinician must regularly reassess the patient in order to identify potentially reversible causes of this. On occasion, it is necessary to use sedative medication in the final stages of life in order to achieve an acceptable level of patient comfort.⁷ The dosage of medication required by one patient may vary very significantly from that required by another. It is the clear duty of the doctor to ensure that a patient dies with dignity and with as little suffering as possible.

The principle of Double Effect holds that it is morally sound and clinically defensible to prescribe treatment to relieve a patient's distress and suffering even though there is a risk of it producing a harmful effect.⁸ Treatment is justifiable if the intention of treatment is for the patient's comfort, the harmful effects of treatment are foreseen but are not intended, and the benefits of treatment outweigh the burdens for the patient.

Treatment to relieve distress should not be withheld as long as a doctor acts in accordance with responsible medical practice, and seeks advice when necessary.

The Irish Association for Palliative Care (IAPC) is the all-island multidisciplinary representative body for professionals and others engaged in, or having an interest in, the delivery of palliative care in Ireland.

Palliative care is a person-centred discipline that seeks to achieve the best possible quality of life for each individual patient facing a terminal illness.

This paper is aimed at healthcare professionals. It highlights for discussion some of the ethical issues arising in relation to voluntary euthanasia.

Doctors and healthcare professionals are required to act in the best interest of patients entrusted to their care and they must avoid injury or harm to them.

The practice of euthanasia results in the death of a person. This is contrary to the principle of beneficence which is the requirement to do good, and is, in essence, the most fundamental principle governing the doctor-patient relationship.

Personal Autonomy

Excellent health services, including an excellent palliative care service, will not eliminate all requests for euthanasia. For some patients the availability of high quality palliative care will seem to have no relevance. For some, euthanasia may be considered an expression of personal autonomy. However, individual autonomy is not absolute: it must be balanced with consideration of the needs of society as a whole.

Healthcare professionals have a duty to provide care which should respect the values and wishes of patients, and which aims to enhance the patient's personal autonomy and sense of self-worth. However, regard for the autonomy of the individual cannot require health professionals to honour requests for euthanasia, given the harm which could ensue for the patient, for society and for healthcare professionals.

The Legalisation of Euthanasia

Trust is a key element of any patient-doctor relationship. The legalisation of euthanasia could lead to the erosion of trust between patient and doctor.

It is also possible that the acceptance of euthanasia could ultimately be used to contain healthcare costs and, as such, could be considered an option for people with serious illnesses, disabilities or those judged to have a poor quality of life. This could result in, not only a reduction in the resources available to treat and research these conditions, but, more importantly, a failure to protect some of the most vulnerable members of our society.

The legalisation of euthanasia could put severe pressures on vulnerable groups such as the elderly and those with disabilities. Euthanasia, if seen as an acceptable normal response to old age or serious illness, could lead to denying the old, the ill, or those with disabilities their right to be treated as valued members of society.

A cultural acceptance of euthanasia could lead to a dilution of the value of human life, resulting in people requesting euthanasia through being socialised into feeling that they are a burden on their families and on society. Euthanasia is illegal in Ireland and healthcare professionals must not participate in the deliberate killing of a patient.

The Irish Association for Palliative Care recommends that there should be no change in the law in order to legalize euthanasia.

Definitions

***Beneficence** is the requirement to do good and refers to all actions done for the benefit of others.⁹ The principle of beneficence asserts an obligation to help others further their important and legitimate interests*

***Principle of Double Effect** states that where an action, intended to have a good effect, can achieve this effect only at the risk of producing a harmful effect, then the action is ethically permissible provided that:-*

1. *The action is good in itself.*
2. *The intention is solely to produce the good effect.*
3. *The good effect is not achieved through the harmful effect.*
4. *There is sufficient reason to permit the harmful effect.¹⁰*

***Palliative Care** is the active total care of patients and their families by a professional multidisciplinary team when the patient's disease is no longer responsive to curative treatment and the focus of care is the patient's quality of life. Palliative care refers to a philosophy of care rather than a specific building or service and is applicable in all care settings.*

***Palliative care approach** aims to promote physical, psychological, spiritual and social well being. It is a vital and integral part of all clinical practice whatever the illness, informed by the knowledge and practice of palliative care principles.*

***Principle of Proportionality** states that doctors and healthcare professionals are required to do the most positive good for the patients entrusted to their care and must avoid at all time causing them injury or harm.¹¹*

***Terminal Care** is a continuum of palliative care and usually refers to the management of patients in the final few hours or days of life.*

IAPC Position and Discussion Papers are developed and written by the IAPC Ethics Working Group following wide consultation with the Association's membership.

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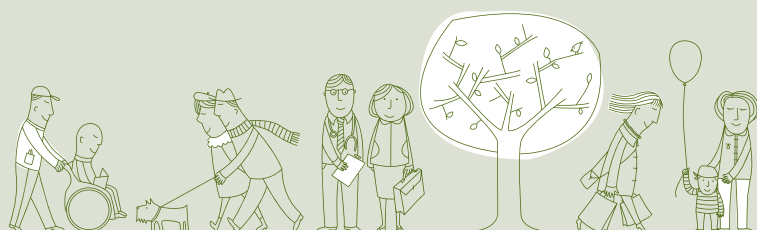
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- 2 Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners 7th Edition 2009.
- 3 *ibid.*
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- 9 Beauchamp, T & Childress, J (2009) "Principles of Biomedical Ethics" 6th Edition, Oxford, Oxford University Press
- 10 Thomas A. A Review of the doctrine of double effect. *European Journal of Palliative Care* 1998;5 (4) 117-120.
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Established in 1993, The **Irish Association for Palliative Care (IAPC)** is an all island body that exists to promote palliative care nationally and internationally through opportunities for networking, education, publications, and representation on national bodies.

As the sole membership organisation for those involved in the provision of palliative care, the IAPC is the primary collective and expert voice for palliative care in Ireland. Its mission is to drive national policy for patient-centred, equitable, accessible and accountable palliative care for all who need it.

A multi-disciplinary organisation, the membership reflects the multi-disciplinary team which delivers palliative care, and includes also those with an interest in the provision of palliative care.

Led by a Chairperson and Board of Directors elected by the Association's members, the IAPC is organized around a number of specialist fora and working groups. These groups provide individual disciplines with the opportunity to consider specific issues relevant to their own area of interest and expertise. The working groups are designed to create a forum for shared best practice and learning opportunities, and for members to further their professional development, education and research.

Current IAPC working groups include the Education and Research Forum, the Palliative Nursing Forum, the Ethics Working Group, the Children's Palliative Care Special Interest Group, the Palliative Care Pharmacists Group and the Palliative Care Social Work Group.

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