

POSITION STATEMENT

THE PRACTICE OF EUTHANASIA AND ASSISTED SUICIDE

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) is a specialty medical society that facilitates professional development and support for its members and promotes the discipline and practice of Palliative Medicine in order to improve the quality of care of patients with palliative diagnoses and support their families.

Members of the Society are medical practitioners, including Palliative Medicine Specialists, doctors training in the discipline of Palliative Medicine, General Practitioners (GPs) and doctors who are specialists in other disciplines such as Oncology.

Purpose

The purpose of this position statement is to articulate that ANZSPM believes that the discipline of Palliative Medicine does not include the practice of euthanasia or assisted suicide.

Definitions

Palliative Medicine is the study and management of patients with active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life.¹

Palliative Care as defined by the World Health Organization² is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care provides relief from pain and other distressing symptoms:

- affirms life and regards dying as a normal process
- intends neither to hasten nor postpone death
- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death

¹ Pallipedia: <http://pallipedia.org/glossary/term.php?id=196>. Accessed on 11 October 2009

² WHO (2002) <http://www.who.int/cancer/palliative/definition/en/>. Accessed on 11 October 2009
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- offers a support system to help the family cope during the patient's illness and in their own bereavement
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- will enhance quality of life, and may also positively influence the course of illness
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Euthanasia is the act of intentionally, knowingly and directly causing the death of a patient, at the request of the patient, with the intention of relieving intractable suffering. If someone other than the person who dies performs the last act, euthanasia has occurred.³

Assisted suicide is the act of intentionally, knowingly and directly providing the means of death to another person, at the request of the patient, with the intention of relieving intractable suffering, in order that that person can use that means to commit suicide. If the person who dies performs the last act, assisted suicide has occurred.⁴

Statement

The Australian and New Zealand Society of Palliative Medicine:

1. *Believes* that the discipline of Palliative Medicine does not include the practice of euthanasia or assisted suicide. The activities of the Society are limited to the discipline of Palliative Medicine. The Society holds that there is a clear distinction between good care for the dying and active interventions instituted in order to deliberately end the life of a patient.
2. *Understands* the practices of euthanasia and assisted suicide to be illegal acts in both Australia and New Zealand.
3. *Acknowledges* that there are divergent views held by its members and by wider society about the ethics of euthanasia and assisted suicide. The Society respects and upholds the rights of all to their own personal views. The role of the Society however is to support the discipline of Palliative Medicine, which does not include these practices.
4. *Recommends* that a request for euthanasia or assisted suicide be acknowledged with respect and be extensively explored in order to understand, appropriately address and if possible remedy the underlying difficulties that gave rise to the request. Appropriate ongoing care consistent with the goals of Palliative Medicine should continue to be offered.
5. *Recommends* that when requests for euthanasia or assisted suicide arise, particular attention be given to gaining good symptom control, especially of those symptoms that research has highlighted may commonly be associated with a serious and sustained "desire for death" (e.g. depressive disorders and poorly controlled pain). In such situations early referral to an appropriate specialist should be considered.^{5 6}
6. *Acknowledges* that despite the best that Palliative Care can offer to support patients in their suffering, delivering if appropriate specialist Palliative Care to remedy physical,

³ Adapted from International Task Force on Euthanasia www.internationaltaskforce.org/definitions.htm. Accessed 11 October 2009

⁴ Adapted from the International Task Force on Euthanasia www.internationaltaskforce.org/definitions.htm. Accessed 11 October 2009

⁵ Breitbart W. Suicide risk and pain in cancer and AIDS patients. In: Chapman CR, Foley KM, eds. Current and Emerging Issues in Cancer Pain: Research and Practice. New York, NY: Raven Press; 1993:49-65.

⁶ Chochinov HM, Wilson KG. The euthanasia debate: attitudes, practices and psychiatric considerations. Can J Psychiatry. 1995;40:593-602.

psychological and spiritual difficulties, it may not be possible to relieve all suffering at all times.

7. *Believes* that Palliative Care is best delivered by utilising the skills of a multidisciplinary team.
8. *Believes* that patients have the right to refuse life sustaining treatments including the provision of medically assisted nutrition and/or hydration, and that refusing such treatments does not constitute euthanasia
9. *Believes* that good medical practice mandates that the ethical principles of beneficence and non-maleficence should be followed at all times. The benefits and harms of any treatments (including the provision of medically assisted nutrition and/or hydration) should be considered before instituting such treatments. The benefits and harms of continuing treatments previously commenced should be regularly reviewed. ANZSPM believes that discontinuing or withdrawing treatments that are not benefitting the patient is not euthanasia.
10. *Believes* if treatment appropriately titrated to relieve symptoms has a secondary and unintended consequence of hastening death that this is not euthanasia.
11. *Advocates* for health reform programs in Australia and New Zealand to strengthen end of life care by remedying shortages in the palliative care workforce (including in the specialist medical and nursing fields), ensuring that there is improved access to appropriate facilities and emphasising the role of advance care plans and directives.