PHYSICIAN ASSISTED SUICIDE

ST MARY'S CATHEDRAL

ROUND TABLE DISCUSSION

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BY DR KHAYA NZIMANDE

"A COMPASSIONATE CLINICIAN IS HIMSELF A PILL"

DEFINITIONS

1. **EUTHANASIA :** KILLING ON REQUEST. **DOCTOR INTENTIONALLY KILLING** A PERSON BY THE ADMINISTRATION OF DRUGS **AT THAT PERSONS VOLUNTARY AND COMPETENT REQUEST.**
2. **PALLIATIVE SEDATION:** USE OF SEDATIVE MEDICATION TO **RELIEVE INTOLERABLE SUFFERING** IN PALLIATIVE CARE.
3. **ASSISTANCE IN SUICIDE: KNOWINGLY AND INTENTIONALLY** PROVIDING A PERSON WITH THE **KNOWLEDGE** /MEANS (OR BOTH) REQUIRED TO COMMIT SUICIDE, **INCLUDING COUNSELLING ABOUT LETHAL DOSES OF DRUGS, PRESCRIBING SUCH LETHAL DOSES OR SUPPLYING THE DRUG.**

DEFINITIONS

4. **PHYSICIAN ASSISTED SUICIDE:** A DOCTOR INTENTIONALLY **HELPING** A PERSON **TO COMMIT** SUICIDE. BY **PROVIDING DRUGS FOR SELF-ADMINISTRATION,** AT THAT **PERSON'S VOLUNTARY AND COMPETENT REQUEST.**
5. **ETHICS:** BRANCH OF PHILOSOPHY THAT INVOLVES SYSTEMATISING, DEFENDING AND RECOMMENDING CONCEPTS OF RIGHT AND WRONG CONDUCT.
6. **BIOETHICS** (MEDICAL ETHICS) IS THE STUDY AND EMPLOYMENT OF **MORAL VALUES IN MEDICAL SCIENCE.**THIS INVOLVES CLINICAL CARE & CLINICAL RESEARCH.

DEFINITIONS

7. **PALLIATIVE CARE**: WHO DEFINES IT AS: AN **APPROACH THAT IMPROVES** THE **QUALITY** OF **LIFE OF PATIENTS AND THEIR FAMILIES** FACING PROBLEMS ASSOCIATED WITH LIFE-THREATENING ILLNESS, **THROUGH THE PREVENTION & RELIEF OF SUFFERING,** THE EARLY IDENTIFICATION AND IMPECCABLE **ASSESSMENT AND TREATMENT** OF PAIN, AND OTHER PROBLEMS PHYSICAL, PSYCHOSOCIAL AND SPIRITUAL.

REASONS GIVEN BY PATIENTS WHEN ASKING FOR PHYSICIAN ASSISTED SUICIDE

THE FOLLOWING REASONS WERE LISTED, BY PATIENTS, AS THE COMMONEST:

- LOSS OF AUTONOMY
- LOSS OF DIGNITY
- FEAR OF NOT KNOWING THE SEVERITY OF PAIN
- BEING A BURDEN TO THE FAMILY AND RELATIVES
- LOSS OF INDEPENDENCE, INCLUDING FFINANCIAL

PATIENTS' REASONS CONTINUED…

- UNBEARABLE/POORLY CONTROLLED PAIN & OTHER SYMPTOMS
- DEPRESSION (MAJOR OR DEPRESSED AFFECT)
- ESTRANGED RELATIONSHIPS &/UNRESOLVED FAMILY MATTERS
- UNBEARABLE SUFFERING

BACK TO THE DEFINITION OF PALLIATIVE CARE…

- PALLIATIVE CARE:

WORLD HEALTH ORGANISATION DEFINES IT AS: AN **APPROACH THAT IMPROVES** THE **QUALITY** OF **LIFE OF PATIENTS AND THEIR FAMILIES** FACING PROBLEMS ASSOCIATED WITH LIFE-THREATENING ILLNESS, **THROUGH THE PREVENTION & RELIEF OF SUFFERING,** THE EARLY IDENTIFICATION AND IMPECCABLE **ASSESSMENT AND TREATMENT** OF PAIN, AND OTHER PROBLEMS PHYSICAL, PSYCHOSOCIAL AND SPIRITUAL.

APPLYING THE PRINCIPLES OF PALLIATIVE CARE TO COUNTER THE ARGUMENT FOR PHYSICIAN ASSISTED SUICIDE(PAS)

- REASONS GIVEN BY PATIENTS WHO WOULD CONSIDER PAS:
- LOSS OF AUTONOMY
- LOSS OF DIGNITY
- FEAR OF NOT KNOWING THE SEVERITY OF PAIN
- BEING A BURDEN TO THE FAMILY AND RELATIVES
- LOSS OF INDEPENDENCE, INCLUDING FFINANCIAL

CLOSING REMARKS

- CONSIDER THE REASONS GIVEN BY PATIENTS WHO WOULD CONSIDER PA'S
- CONSIDER WHAT PALLIATIVE CARE OFFERS TO PATIENTS AND FAMILY
- CONSIDER WHICH, IF ANY, OF THE RESULTS ARE NOT ADDRESSED BY SOME ASPECT OF PALLIATIVE CARE
- EARLIEST REFERRAL, BY THE TREATING CLINICIAN, TO PALLIATIVE CARE TEAM/CENTRE
- OFFER PALLIATIVE CARE TO PATIENTS, AS AN ALTERNATIVE, TO PHYSICIAN ASSISTED SUICIDE.

END-OF-LIFE CARE

DOCTOR & CARE TEAM'S PRIMARY RESPONSIBILITIES:

- ASSIST THE PATIENT IN MAINTAINING AN OPTIMAL **QUALITY** OF LIFE;
- **CONTROLLING** PAIN& OTHER **DISTRESSING SYMPTOMS**;
- **ADDRESSING** PSYCHOLOGICAL & **SPIRITUAL** NEEDS; AND
- **ENABLE** THE PATIENT TO DIE WITH **DIGNITY** & IN **COMFORT**.
- THE **HEALTH CARE PROFESSIONAL** IS TO TRY, AS FAR AS POSSIBLE, TO OFFER CARE THAT WILL EASE THE DYING, BUT **NOT DELIBERATELY** BRING ABOUT DEATH.

POINTS TO NOTE

NONE OF THE FOLLOWING SHOULD BE SEEN **AS EUTHANASIA** :

- **WITHHOLDING FUTILE** TREATMENT;
- **WITHDRAWAL OF FUTILE** TREATMENT;

THE ABOVE IS A **SOUND CLINICAL DECISION** WHEN REACHED IN D/W THE PT (IF COMPETENT); THE FAMILY & THE CARE TEAM.

- **PALLIATIVE SEDATION**

ETHICAL DECISION MAKING

IN END-OF-LIFE CARE ONE MUST **CONSIDER**:

- **EACH PT INDIVIDUALLY** & DEVELOP A CARE PLAN RELEVANT TO THE INDIVIDUAL
- THE **STAGE** OF THE ILLNESS
- THE **PATIENT'S PREFERENCES** & THE **FAMILY'S WISHES**
- THE **AIM** OF PALLIATIVE TREATMENT IS TO OBTAIN **SYMPTOM CONTROL** & A HIGH **QUALITY** OF LIFE, EVEN IF LIFE EXPECTANCY MAY BE RELATIVELY SHORT AND THE PATIENT'S HEALTH MAYBE POOR.. **AN AFFIRMATION OF LIFE EVEN IN THE FACE OF IMPENDING DEATH.**

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THANK YOU FOR YOUR ATTENTION

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