# *FIAMC*

*Fédération Internationale des Associations Médicales Catholiques*
*World Federation of Catholic Medical Associations*

## VOTE ON EUTHANASIA AT THE COUNCIL OF EUROPE

## STATEMENT FOR PRESS RELEASE


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January 19, 2004

On Thursday, 29 January 2004 the Parliamentary Assembly of the Council of Europe will hold a discussion on the Marty Report on Euthanasia **(Doc. 9898)**, drafted by the Swiss Rapporteur of the Social, Health and Family Affairs Committee, Mr Dick Marty.
Mr Kevin McNamara, Rapporteur of the Committee on Legal Affairs and Human Rights for the United Kingdom will submit his opinion document on the same issue.

The Marty report aims at introducing, in the Countries where they do not exit yet, laws exempting the physicians who help incurable patients put an end to their lives (if they request it) from legal prosecution. In other words, the Marty Report will ask all European Countries to promote the introduction of an euthanasia law, similarly to what has already been done in Holland and Belgium.

Although not coercitive for the individual countries, the resolution, if approved, will constitute a tremendous element of pressure on national Parliaments, medical doctors and public opinion, and it could lead, in the future, to incentives for the countries permitting euthanasia and restrictions for those which oppose it.

As Catholic Doctors, we protest against the Marty report and its possible legal consequences.

1. First of all, we are afraid that it will exert a pressure on physicians (both as individuals and as a profession) to act against their conviction and to act against to the Geneva Human Rights Convention when it states that the mandate for the physician is for him "to preserve the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity".
In addition, we identify a risk that the exercise of the medical profession will be precluded in the future to physicians, who will not accept to perform euthanasia or physician assisted suicide, as it already happened for certain categories in some countries with reference to abortion.
We demand that in all laws concerning medical ethical matters physicians and nurses are guaranteed the right to lawfully abstain from actions that are in conflict with their religious faith and/or moral convictions.

2. Recent medical research has shown that colleagues who are poorly trained in palliative medicine and colleagues who are overburdened are the ones seen to consider euthanasia and physician assisted suicide in difficult clinical situations[1, 2]. Notwithstanding the principal issue of euthanasia and physician assisted suicide, it must be considered outrageous if patients are killed or assisted in taking their own life because of poor medical conduct. We therefore demand that the European Council acts to encourage the individual governments to provide training of physicians in palliative medicine, both during their basic medical training and during their vocational training. We also find it important that palliative medicine be established as a

medical speciality in all European countries in the same way that it has been done, for example, in the United Kingdom.

3. The role of the medical profession must never be that of killing patients. Provisions for optimal palliative care at the end of life, especially for the weak patient, are mandatory for a society that wishes to be characterised as advanced. This care should be offered in a loving environment where the patient does not feel himself a burden to neither his relatives nor the society. It is the responsibility of the society to guarantee such care facilities.

4. While we are against any participation of medical doctors in euthanasia or physician assisted suicide, at the same time we are against any therapeutic obstinacy that cannot cure patients, but only prolong the process of dying.

5. We protest against the use of physicians to provide an unethical and unnecessary medical solution to a problem that is basically of a social nature: Solitude of the elderly and poor care at the end of life. It is exactly these problems that prompt demands for euthanasia and physician assisted suicide.

Recent documents produced by important professional societies, as the European Association of Palliative Care (EAPC) made this view very clear[3].

**We strongly urge the Members of the Parliamentary Assembly of the Council of Europe to vote against the draft resolution proposed by the Marty Report and to stand firmly against any attempt of promoting euthanasia and physician assisted suicide in Europe.**

**The Members should also feel the moral duty to be present during the debate on January 29th and to propose amendments to the Marty Report before the deadline of Wednesday 28 January at 3pm.**

On behalf of the World Federation of Catholic Medical Associations (FIAMC)

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## References


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2. Peretti-Watel et al. *Doctors' opinions on euthanasia, end of life care, and doctor-patient communication: telephone survey in France*. British Medical Journal, Vol. 327, 2003; pp 595-596.
3. European Association of Palliative Care (EAPC). Ethics Task Force. *Document dated October 2, 2002.*


**Excerpta from the EAPC Document:**

1. Requests for euthanasia and physician-assisted suicide are often altered by the provision of comprehensive palliative care. Individuals requesting euthanasia or physician-assisted suicide should therefore have access to palliative care expertise.
2. The provision of euthanasia and physician-assisted suicide should not be part of the responsibility of palliative care.
3. 'Terminal' or 'palliative' sedation in those imminently dying must be distinguished from euthanasia. In terminal 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. In euthanasia the *intention* is to kill the patient, the *procedure* is to administer a lethal drug and the successful *outcome* is immediate death. In palliative care mild sedation may be used therapeutically but in this situation it does not adversely affect the patient's conscious level or ability to communicate. The use of heavy sedation (which leads to the patient becoming unconscious) may sometimes be necessary to achieve identified therapeutic goals; however the level of sedation must be reviewed on a regular basis and in general used only temporarily. It is important that the patient is regularly monitored, and that artificial hydration and nutrition are initiated when clinically indicated.
4. If euthanasia is legalised in any society, then the potential exists for: (i) pressure on vulnerable persons; (ii) the underdevelopment or devaluation of palliative care; (iii) conflict between legal requirements and the personal and professional values of physicians and other health care professionals; (iv) widening of the clinical criteria to include other groups in society; (v) an increase in the incidence of non-voluntary and involuntary medicalised killing; (vi) killing to become accepted within society.
5. Within the modern medical system patients may fear that life will be prolonged unnecessarily or end in unbearable distress. As a result euthanasia or physician-assisted suicide may appear as an option. An alternative is to take action through the use of 'living wills' and advance directives, contributing to improved communication and advanced care planning and thereby enhancing the autonomy of the patient.