



EUTHANASIE MEDICALEMENT ASSISTEE : LA LOI DE GABOR DU  
PROGRESSISME CIVILISATEUR  
*VOLUNTARY EUTHANASIA :  
CIVILISATION OR MODERN BARBARY ?*

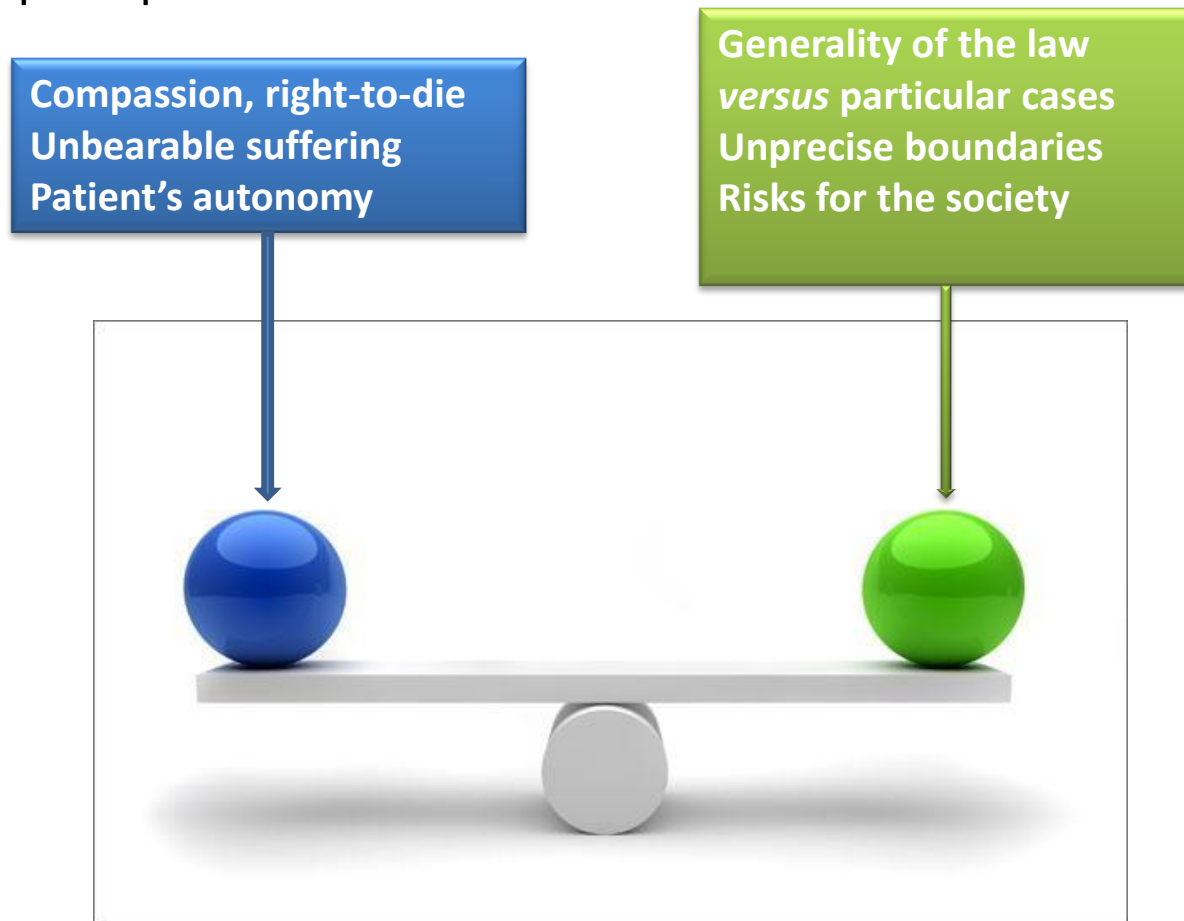
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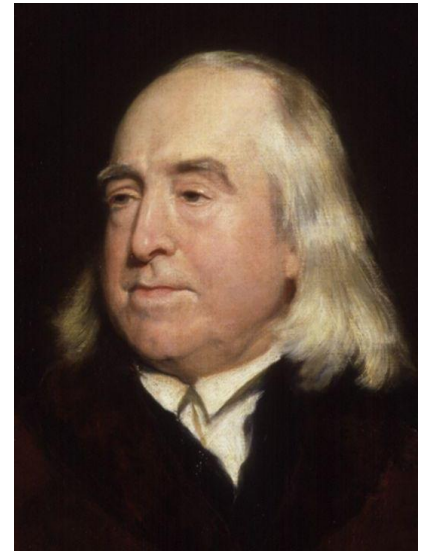
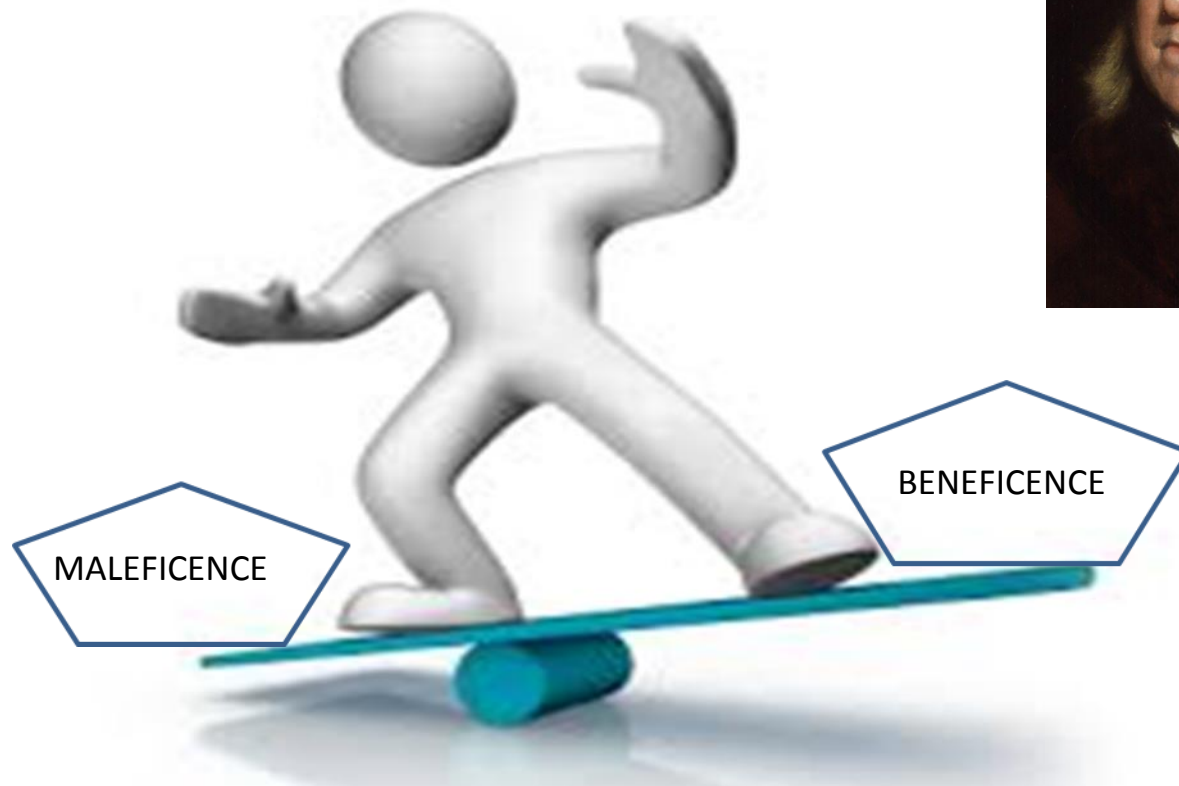
# WHAT IS THE SUBJECT TO DEBATE ?

- **FOR or AGAINST « euthanasia » doesn't make sense to me**
  - In the context of contemporary medicine, the end-of-life conditions make this issue arise
  - In some rare circumstances, euthanasia appears the only solution to unbearable suffering
  - But euthanasia should always be seen as the worst solution : nobody can be FOR !
- **The main questions to be debated should be :**
  - Do we need a law to avoid physician prosecution after voluntary euthanasia ?
  - Should doctors be charged for administering death, even through compassion ?

# WHAT IS THE SUBJECT TO DEBATE ?

- I advocate for utilitarianist approach in Ethics : consequences rather than *a priori* principles





By the principle of utility is meant that principle which approves or disapproves of every action whatsoever according to the tendency it appears to have to augment or diminish the happiness of the party whose interest is in question [...] I say of every action whatsoever, and therefore not only of every action of a private individual, but of every measure of government. *An Introduction to the Principles of Morals and Legislation*.

Jeremy Bentham, 1780

# DEATH OVER THE CENTURIES IN OCCIDENT

**Eternal life**

Early  
middle-ages



**Familiarity with death**



**Ad sanctos interment**

**Last judgment**

**Don't  
relax**

« THE PORNOGRAPHY OF DEATH » - G. Gorer, 1955

Omnipresence of eroticism, even for children

Death is obscene

**Burials**

**Photography**

**Scepticism  
Rationalism**

XVII – XIXth  
centuries



**Indifference -  
Radicalism**

Contemporary  
period

**Death denied and  
disguised (movies)**



**Right to die –  
Medical euthanasia**



## VARIOUS SITUATIONS *from the doctor's point of view*

- Injection of lethal substance by the physician  
INTENTION / IMMEDIATE CAUSALITY
- Physician-assisted suicide INTENTION / IMMEDIATE CAUSALITY
- Society-assisted suicide (Switzerland, Oregon, State of Washington) INTENTION / IMMEDIATE CAUSALITY
- Interruption of respiratory assistance  
~~INTENTION / IMMEDIATE CAUSALITY~~

## VARIOUS SITUATIONS *from the doctor's point of view*

- Interruption of end-of-life care (nutrition, steroids, antibiotics...) INTENTION / ~~IMMEDIATE CAUSALITY~~
- Deep sedation INTENTION ? / IMMEDIATE ? CAUSALITY
- End-of-life procedures (pain relief, appropriate sedation) ~~INTENTION / IMMEDIATE CAUSALITY~~

# MAIN SITUATIONS

- **Terminal cancer patients : 80 %**
  - Unbearable suffering is exceptional
  - Virtually no demands of euthanasia in palliative care units
  - Appropriate sedation falsely accused of accelerating death
- **Mediatic « cases »**
- **« Genuine » cases**
  - Amyotrophic lateral sclerosis
  - Major depression
  - Alzheimer's disease
  - Children
  - Older age...



C. Sebire, 2008



# MEDICAL EUTHANASIA : A SLIPPERY SLOPE

- Incompetence, inability to relief pain : being at the mercy of the doctor
- Proselytism
- Illusion of patients autonomy
  - omnipotence of the doctor
  - family pressure
  - patient = burden on society / family
- Economical constraints
- Exhaustion of caregivers
- Arrogance in society : progressism, superiority over the past
- Definition of patient's dignity
  - What is dignity ? In whose eyes ?
  - *Eubioty* (the good life) reminds me *eugenism*

# Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey

*Lancet* 2012; 380: 908-15

Published Online

July 11, 2012

Bregje D Onwuteaka-Philipsen, Arianne Brinkman-Stoppelenburg, Corine Penning, Gwen J F de Jong-Krul, Johannes J M van Delden, Agnes van der Heide

Number of inhabitants in Europe : 540 millions

Number of annual deaths : 5 400 000

Euthanasia : 150 000

Euthanasia + Deep sedation : 1 600 000

Data are absolute number or number of patients (weighted % [95% CI]). All percentages are weighted for sampling fractions, non-response, and random sampling deviations, to make them representative for all deaths in the year studied. Therefore, the percentages presented cannot be derived from the unweighted absolute numbers presented. NA=not available. \*Continuous deep sedation might have been provided in conjunction with practices that possibly hastened death. †In 2001, continuous deep sedation was only studied when it occurred in conjunction with an end-of-life decision; the frequency was 5.6%; corresponding numbers are 7.1% in 2005 and 11% in 2010.

**Table 1:** Frequency of euthanasia, assisted suicide, and other end-of-life practices in the Netherlands in 1990, 1995, 2001, 2005, and 2010

# MEDICAL EUTHANASIA : KILLING AS A DUE CARE ?

- Medical euthanasia asks questions about the role of caregivers in society
  - Is causing death compatible with care ?
  - Being a *spectator* rather than an *actor*
  - What about the case of conscience ?
  - What would occur if refusal of an entire team ?
- Medical euthanasia deeply modifies the way society sees doctors
  - Risk of defiance
  - Instrumentalisation
- If the « right to die » is recognised
  - Assisted suicide would be my preferred choice
  - And I would not be involved

Boudreau JD1, Somerville MA. Euthanasia is not medical treatment.  
Br Med Bull. 2013;106:45-66.



# Is there a consensus in Belgium, Luxemburg, and The Netherlands ?



Ms Els Borst – Health Minister,  
Netherlands, 2001

New-York Times, Apr. 2<sup>nd</sup>, 2012

« The Dutch law on euthanasia has come much too early [...] without taking into account palliative care » - Dec. 2009

- 12 euthanasias performed in 2012 for Alzheimer's disease
- Around 300 illegal euthanasias recognised by the Crown Prosecutor... but no condemnation
- Huge number of Dutch older people in Rhineland and North Westphalia retirement homes... by fear of what ?

*La libre Belgique, Brussels, 2012 (a group of jurists, doctors and theologians)*

Ten years of euthanasia : a happy birthday ?

« The more a society refuses to face death, the more it wants to provoke it [...] The deleterious consequences that we imagined ten years ago have become reality [...] Euthanasia makes vulnerable people even more frail [...], breaks the links of solidarity and of compassion[...] The Federal Commission of control claims serious doubts on its ability to fulfill its commitments »

**Dec 2013: 74 % of Belgium citizens were in favor of euthanasia for patients with Alzheimer's disease, despite they are not able to consent (pollster)**

**A majority for extending this right to the elderly, even without severe disease**

# European euthanasia laws: questions of compassion

[www.thelancet.com/oncology](http://www.thelancet.com/oncology) Vol 15 November 2014



Frank Van Den Bleeken, a Belgian man imprisoned for the past 30 years for murder and rape, was last week granted the right to die by euthanasia rather than live a life of “unbearable suffering” in prison. The decision has raised questions about the extent to which the use of Belgium’s euthanasia law, in place since 2002, is straying from its original doctrine.

- *A disease ?* Why was this patient in prison rather than in a hospital ?
- *Unbearable suffering ?* What about a medical treatment ?
- Difference between *euthanasia* and *death penalty* ?
- Why a doctor rather than an executioner ?

# The French situation

- **End-of-life law (J. Léonetti, 2005)**

- Right to refuse futile care
- Right to have suffering alleviated
- Right to palliative care
- Appointment of a trusted person
- Prohibition of therapeutic obstinacy



- **New law project**

- Right to deep sedation (no possible case of conscience for doctors)
- Mandatory compliance of patient's living will

## IF POSSIBLE WE SHOULD AVOID ARROGANCE AND PREJUDICES

« ... France : the country of the Ligne Maginot »

*A Belgium pathologist (in response to my article in the French newspaper Libération, 2013)*

« You French people have always been late in adopting progressist laws : women rights, homosexual marriage, and euthanasia »

*A Belgium journalist, heard on a French radio, 2014*

I am not in favour of laws allowing physicians to perform euthanasia, despite the fact that...

- I have neither religion nor faith
- I am not belonging to any political party, any association
- I am not a radical militant for palliative care
- I believe that women have rights (but men too !)
- I don't care about homosexual marriage

But simply as a physician myself, I consider that...

- I am neither Belgium nor Dutch
- Euthanasia does not necessarily mean compassion or civilisation
- Euthanasia has potential deleterious consequences with no possible come-back for patients
- Euthanasia is a false response to the blindness of our society about end-of-life
- Euthanasia is neither my commitment nor my mission



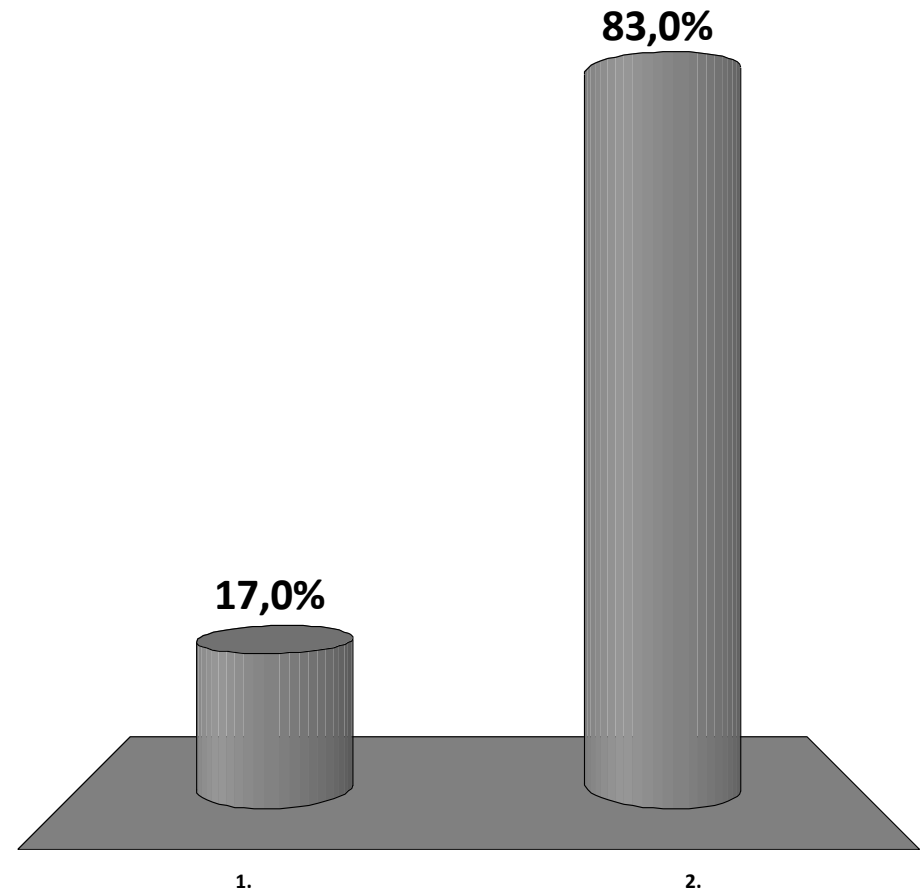
Pro - Con debate

# Euthanasia and assisted dying

Euthanasia and/or assisted dying are already legally allowed in my country/state

1. Yes

2. No

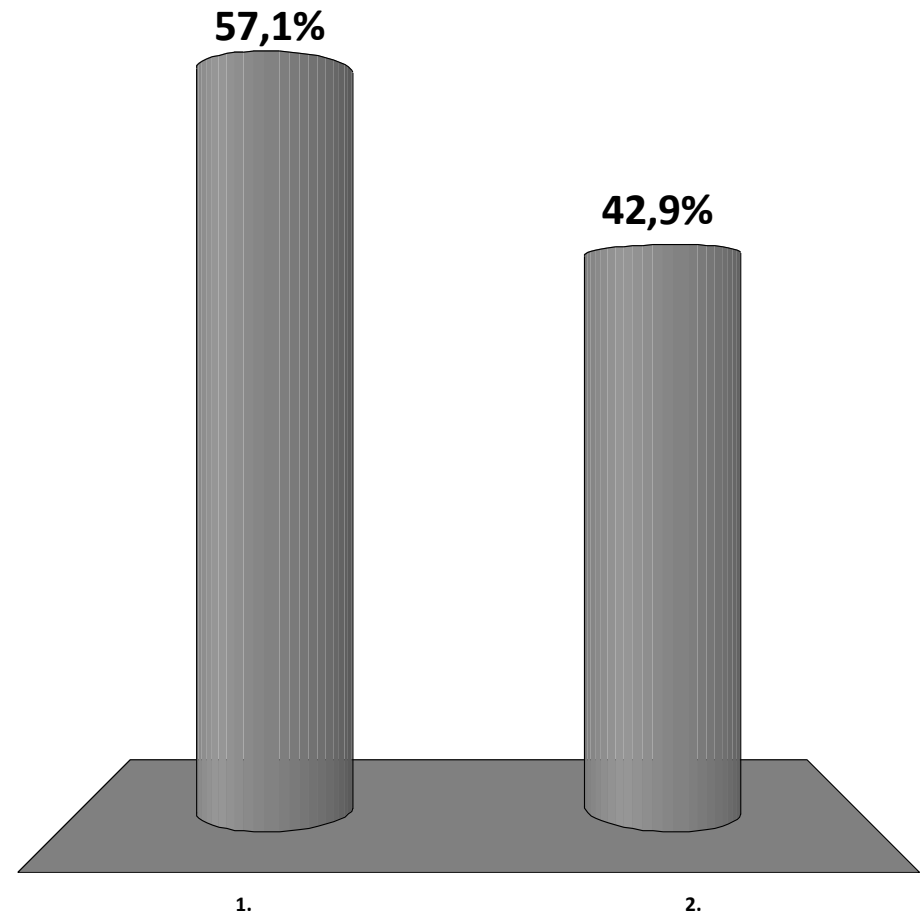


What is your present choice?

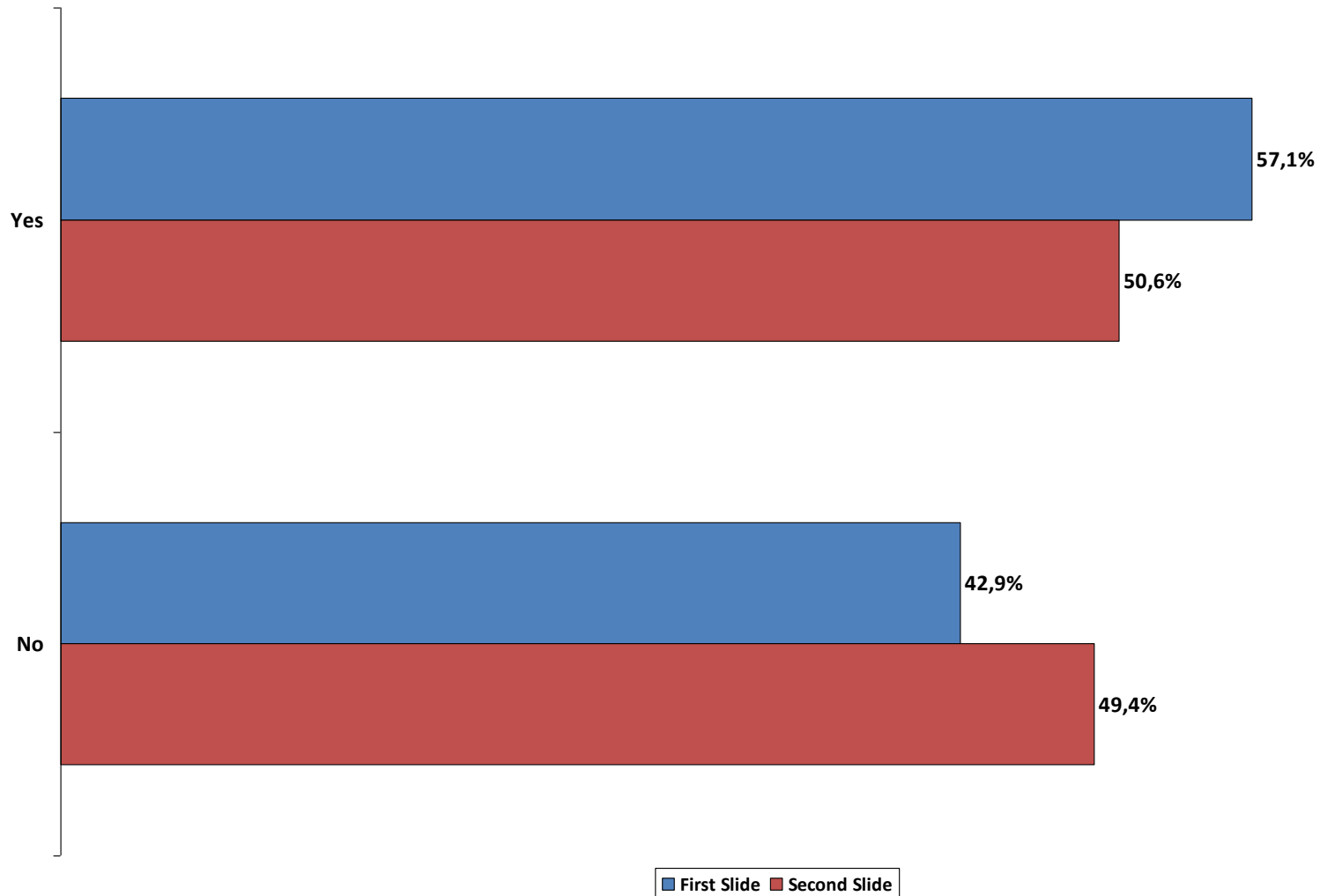
Euthanasia is ethically compatible with good supportive care in cancer and should be legal in my country

1. Yes

2. No



**You have heard the arguments - what do you choose**  
**NOW? Euthanasia is ethically compatible with good supportive care in**  
**cancer and should be legal in my country**

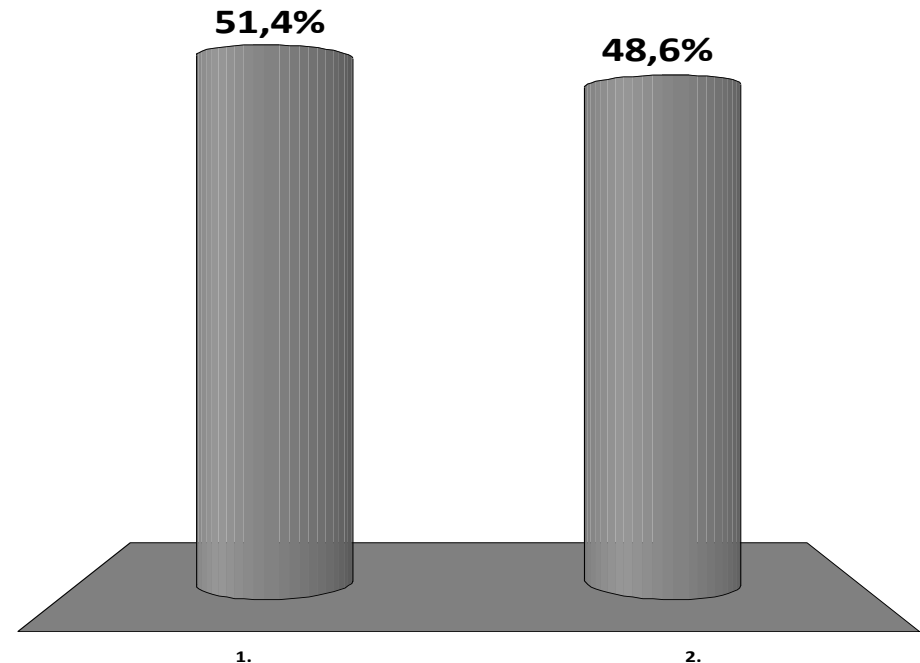


You have heard the arguments what do you choose NOW?

Assisted dying (assisted suicide) is ethically compatible with good supportive care in cancer and should be legal in my country

1. Yes

2. No



**You have heard the arguments what do you choose NOW? Assisted dying  
(assisted suicide) is ethically compatible with good supportive care in  
cancer and should be legal in my country**

