

## SWITZERLAND AND THE GOOD DEATH

Dr Jérôme SOBEL, President

Switzerland is a pleasant country to live in, where everybody has the right to request a dignified death. For over twenty years, our association, EXIT ADMD for French-speaking Switzerland has successfully fought to obtain recognition for its advance directives. In 1981, the Swiss Academy of Medical Sciences (ASSM) considered that a patient's declaration prior to death was not binding for a doctor. Following the legal controversy provoked by our association, the ASSM has gradually changed its views. In 1999, it advised doctors to respect their patients' rights, particularly regarding autonomy. The ASSM states that patients' advance directives should be the decisive factor provided that there is no physical data to suggest that the directives no longer correspond to their wishes.

In the advance directives the member requests :

*I the undersigned, after careful thought and while in full possession of my faculties, request that the following provisions should be considered as the expression of my wishes:*

- *that no resuscitation attempts are to be made if my case is regarded as hopeless or incurable or if I become seriously physically or mentally disabled following an illness or accident.*
- *that sufficient doses of analgesic medication are to be administered to me to ease my suffering, even if such medication could hasten my death.*

**(optional)** *I appoint the following person as my «therapeutic representative»*

The ASSM points out that when dealing with patients with limited ability or no ability whatsoever to make their own judgements, it is important to be able to rely on the cooperation of a trusted person or spokesman representing the patient's opinion, i.e. their therapeutic representative.

In political terms, an initiative brought before Parliament by the National Councillor Jost GROSS (01.431) was accepted by Parliament on March 10th 2003, calling for a measure to be added to the Civil Code directives for the protection of individuals that would make the written instructions left by patients regarding their medical treatment and their right to a dignified death legally binding, provided that they are in accordance with the law and represent the patient's actual or presumed wishes at the time of death.

Our association, EXIT ADMD for French-speaking Switzerland, achieved a second major breakthrough by helping to put an end to the taboo surrounding assisted suicide.

Article 115 of the Swiss Penal Code dealing with cases of inciting and assisting suicides stipulates that: **«Anyone with a selfish motive who incites a person to commit suicide or who helps that person to commit suicide, if that suicide is consummated or attempted, will be punished by a maximum of 5 years reclusion or imprisonment».**

It follows that suicide assistance is perfectly acceptable if there is no selfish motive involved. Suicide assistance consists in giving the person who wishes to die the means to commit suicide without violence. A political debate in the National Council on 11th December 2001 confirmed this interpretation of the law, and legitimised the actions of associations defending the right to die with dignity.

Although this upsets the medical corps, requests for assisted suicide do exist and occur more frequently than we would like to admit. Society is undergoing great changes and individual moral values are evolving beyond religious dogma. Morals are becoming pluralistic and personal freedom must not infringe upon the freedom of others. People must have mutual respect for the personal development, dignity, freedom and even end-of-life choices of others. The right to life remains fundamental: the right to choose to die appears to be just as fundamental. The right to die when desired has particular significance : it is the request for death by the individual concerned, who can help, assist and organize his own death.

Our association, EXIT ADMD, currently has around 10'000 members in French-speaking Switzerland. This represents 0.5% of the population.

Our members' average age is 67, and the ratio of women to men is 2/3 women to 1/3 men. Our youngest member is aged 21 and the oldest 103.

The breakdown by age category shows that 9% of members are under 50. 48% are between 50 and 70, and 43% are over 70 years old.

In 2003, 123 members asked us to help them die, and 48 went through with their requests. 13 requests are still pending. 17 members died of natural causes related to their illnesses. Thanks to our support, they felt much calmer and more reassured than with psychotropic drugs because they knew that we would help them if their situation became intolerable. 45 people withdrew their requests. Of the 48 members who committed suicide with our help, 32 were women and 16 men. The average age of these 48 people was 77. Age 74 for the men and 78 for the women. The youngest member we helped was aged 39, and the oldest 96. 41 cases of assisted suicide took place in the patients' homes. We helped with 7 suicides in medico-social institutions, after informing the management of each institution. The average age of the 7 patients in these institutions was 92.

Cancer is the pathology most frequently behind requests for suicide assistance. Neurological, vascular and respiratory conditions and AIDS, are responsible for a third of requests. The remaining third are made by elderly patients suffering from locomotive disabilities due to degenerative osteoarticular problems and to a complex decline in their general health. Our association responds favourably to requests for suicide assistance if patients meet the following 5 conditions :

- Discernment
- repeated serious request
- incurable illness
- intolerable physical or psychological suffering
- terminal prognosis or serious disability (in cases of non -oncological pathology).

The main consideration in terms of disability criteria is whether a patient is able to carry out several ordinary everyday actions without assistance from other people on a permanent basis :

- getting dressed and undressed,
- standing up, sitting down and lying down,
- eating,
- getting washed,
- going to the toilet,
- moving around.
- deafness - blindness or deafness with seriously impaired vision.

Members who ask us for help must send us a copy of their medical file, which must be provided by their doctor on request. Members must also send us a handwritten letter clearly requesting suicide assistance. If they are unable to write, an official document must be drawn up by a solicitor before witnesses to confirm the request. On receipt of these documents, an attendant from our association visits patients to assess the situation and to discuss the request in front of friends and relatives. Patients are given time to think before the date set for the assisted suicide. This allows them to sort out their papers, say goodbye to friends and family and, above all, to change their minds right up until the last minute. Our attendants act out of compassion and are volunteers. When the date arranged for the suicide comes, the attendant brings the mortal solution to the patient, who must drink it himself, thus carrying out the final act that will release them from this life. Our presence reassures the family at this extremely emotional time. After certifying that death has occurred, we inform the courts, who appoint 2 police officers and a forensic scientist to carry out an inquest to inform the judge of the circumstances and reasons for the suicide.

In recent years, surveys have shown that a large proportion of the Swiss population is in favour of the idea of assisted suicide as applied by our association. In February 2004, the Swiss Academy of Medical Sciences took a considerable step towards our way of thinking when it decided to take into account the patient's right to self-determination. The ASSM recalls that on the one hand, suicide assistance is not part of a doctor's occupation, since members of the medical profession are required to use their medical skills in an effort to treat and support their patients and to relieve their pain. On the other hand, doctors must also take their patients' desires into consideration, which may mean that in certain specific cases, a doctor's moral and personal decision to help a dying patient commit suicide should be respected. Our association, EXIT ADMD for French-speaking Switzerland, welcomes the new stand taken by the Swiss Academy of Medical Sciences, which, for the first time, has put an end to the taboo surrounding medical suicide assistance.

According to a survey conducted by an independent polling organisation, 80% of the population is in favour of the idea of suicide assistance. 68% of those questioned

would prefer assistance to be given by the family doctor. 69% would like suicide assistance to be taught at medical school, which is currently not the case.

A parliamentary motion (03.3405) brought before the National Council by Mrs Ménétrety-Savary in June 2003 called for suicide assistance to be included in thanatology courses or medical psychology seminars.

Assisted suicide needs careful preparation, which is why our association, EXIT ADMD for French-speaking Switzerland, held a medical forum in June 2004. Discussions were held with the doctors present about the difficult situations that can be met and the practical precautions that should be taken to ensure that no problems arise in medical and legal terms. 54 participants attended the forum. Many doctors who could not come to this initial event asked us to organise a second forum at a later date in order to benefit from our practical experience. We should not be afraid of talking about death and the end of a patient's life if the patient wishes to discuss the subject. Death is an event worth preparing for that can be handled in a calm, composed atmosphere.

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