Is Euthanasia the Answer?

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According to the Professional Code of Practice of the Medical Council of Hong Kong, euthanasia is defined as “direct intentional killing of a person as part of the medical care being offered”. Euthanasia is illegal throughout the world with the exception of Netherlands and Belgium. Additionally, physician assisted suicide is legally permitted in Oregon of USA.

Recently, there are debates on whether euthanasia should be legalized or not in Hong Kong. The major argument supporting euthanasia is that one should respect the patient’s personal choice to end his/her life to relieve his/her suffering. There are two major objections to this argument. Firstly, with modern palliative care, pain and suffering of the great majority of patients can be controlled. The pro-euthanasia camp would argue that there are always the exceptional cases with symptoms difficult to control. However, besides the consideration of palliative sedation as an alternative to euthanasia for refractory symptoms in the terminal stage, one should look into the second major objection to legalizing euthanasia, which is “euthanasia is not simply a matter of individual choice”. Legalizing euthanasia has multiple implications to society as a whole. Firstly, licensing killing in non-war situations has significant impact on societal values. Secondly, there would likely be implicit pressure on the chronically ill and the vulnerable groups to choose euthanasia, especially in a Chinese society like Hong Kong. Strict consent procedures would not help this because the patients are not coerced by others to choose euthanasia, but they are “enlightened” by the legal status of euthanasia and voluntarily choose euthanasia when they feel being a burden to their family. Thirdly, there may be negative effect on resource allocation to the chronically ill and terminally ill. Fourthly, there is the slippery slope once the barrier to euthanasia is broken, as one can see in Netherlands, where euthanasia has now been extended to teenagers and to disabled infants. From the utilitarian point of view, societal resources are better utilized if society gets rid of the chronically ill, disabled and debilitated. But is this what the medical profession wants to see?

While I do not agree to euthanasia, I agree that, in appropriate circumstances, one may withhold or withdraw futile life-sustaining treatment (LST) in order not to prolong the dying process. The public should be clear that forgoing futile LST implies the acceptance of the fact that human is mortal. This is ethically and legally distinct from euthanasia, and is legally acceptable in most parts of the world including Hong Kong. Also, many medically advanced countries in the world have issued guidelines on this, and the Hospital Authority of Hong Kong has issued the guidelines in 2002. To avoid any unnecessary confusing connotations, the term “passive euthanasia” is not used in the relevant guidelines and legislations in many western countries and Asian regions (including Hong Kong, Taiwan and Singapore). Forgoing LST is itself a complex ethical issue, and what constitutes futility is not easy to define. Some situations are non-controversial, like forgoing CPR in a terminally ill, which is being practiced everyday in Hong Kong, whereas some situations are controversial, like the withdrawal of ventilator support in a conscious quadriplegic patient. This is not reasonable to lump all these together under the label of “euthanasia”. Forgoing futile LST is a necessary sequel of advancement of medical technology. Otherwise, all dying patients have to go through various meaningless futile treatments that only add suffering before they are certified dead. The normal practice in medicine is to give treatment only when it is indicated. Contrary to some recently expressed views in Hong Kong, forgoing futile LST does not logically lead to the acceptance of euthanasia. Consideration of specific legislation to govern the practice of forgoing LST in Hong Kong needs not be tied with legalization of euthanasia.

The recent debate on euthanasia reflects the concern of the community to the plight of the chronically ill and terminally ill in Hong Kong. The Government and the community should consider more resources to help these patients. There should be more education to the public and to the medical community on how best to care for these patients. The medical profession should understand the background reasons for a euthanasia request. The story of Bun Tsai’s is paradoxical and illustrative. His earlier request for euthanasia was not acceded to. He then received belated support to improve his quality of life, and he now wants to continue living. To help the chronically ill and terminally ill, euthanasia is not the answer.

Footnote

1 He is an unfortunate tetraplegic patient in Hong Kong who openly requested euthanasia.