

# Improve *ars vivendi et moriendi!*

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Facing a sea of troubles, Hamlet asked himself whether he should commit suicide. He did not. This type of ambivalence is shared by almost everyone who considers ending his or her life voluntarily in a difficult situation. Critically ill patients may view this option as an opportunity to avoid suffering and pain, as well as dependency and loneliness.

In a study performed at six randomly selected sites in the United States, 60% of 988 terminally ill patients were in favour of euthanasia or physician-assisted suicide in a hypothetical situation, but only 10.6% reported seriously considering such procedures in their own particular case [1]. Factors associated with lesser likelihood of considering euthanasia or physician-assisted suicide were a feeling of being appreciated at age 65 years or over, and being African-American. Factors associated with greater likelihood of considering these death options were depression, substantial caregiving needs and pain. At a follow-up interview half of the terminally ill patients who had contemplated ending their lives had changed their minds, while an almost equal number had begun considering this course. Patients with depressive symptoms or dyspnoea were more likely to switch to contemplating euthanasia or physician-assisted suicide. Eventually, one patient died by euthanasia, one unsuccessfully attempted suicide and a third patient's request for her life to be ended was refused by family and physicians.

This type of ambivalence and change of mind concerning the manner of dying can be experienced when caring for patients with severe somatic illness or severe depression. Desperate, delirious or confused patients express the wish to die and may even request assistance in committing suicide. In most cases this wish is an appeal for affection, care, pain relief and appreciation. As soon as nature, care and appropriate medical measures have overcome the crisis, the wish for suicide is withdrawn. Moreover, the majority of patients who attempt suicide and are rescued are glad the attempt failed. The tools for helping the patient to overcome these critical situations are affection and appreciation, appropriate measures to relieve pain, shortness of breath and other bodily ailments, as well as planning for the end of life [2]. In somatically healthy patients with severe depression crisis, intervention, including competent and aggressive pharmacological treatment, is generally successful

even in so-called treatment-resistant depression [3]. All these measures are tools for performing one of the medical profession's most important and noble duties.

The ambitions of "right-to-die" organizations, such as Exit in Switzerland, contrast sharply with the aims of doctors, nurses and other health professionals. These organisations are – to judge by the salaries of their chief executives at any rate – run for profit. Their stated wish is to enable customers suffering from diseases involving poor prognosis, unbearable pain or unsustainable impairment to die in a decent way. This list of hopeless conditions excludes depression, which is a treatable disorder, and chronic diseases with intermittent exacerbations. However, the success of an Exit dying companion is after all measured by the number of assisted deaths. Furthermore, as such companions themselves say, the process of providing poison and observing a customer's dying process exercises an "irresistible fascination" [4]. This fascination may well reflect occult sadistic wishes which can best be satisfied by exercising the ultimate authority over another person.

On the basis of rumours, as well as *res judicata* – final conviction of Exit dying companions, e.g. for manual suffocation by pillow of patients taking too long to die – it has been suspected that the organisation does not always strictly adhere to its principles.

In the present issue of this journal Dr Frey and colleagues report the medical data of 43 patients who committed suicide with the help of Exit. A remarkable finding is the paucity of the data: a medical report by the primary care physician could be identified in only five cases. In 11 cases the forensic expertise revealed no severely disabling or terminal illness. Five of these patients had chosen to die because of a recent major loss. Occasionally the wish to die rapidly produced action: 10 patients had their first contact with Exit less than a week – and four less than a day – before death. The authors' conclusion that this organisation acts without external supervision, and frequently breaches its own rules, is thus sound. Some customers received the poison while acutely depressed, e.g. due to loss of a loved one, and time for consolation and comfort was definitely lacking. A recent case from the Zurich area, in which a young male Crohn's disease sufferer with intermittent depression died with the help of Exit while his physician was out of

town for 48 hours, shows that this practice has not been changed to date.

The recent decision of Zurich municipal authorities to allow "right-to-die" societies to enter and pursue their activities in nursing homes and old people's homes gives cause for serious concern. Besides suggesting that the lives of the most fragile elderly and sick citizens are less valuable, it may put pressure on these seniors not to be a burden on their families and communities. Moreover, it sends a wrong signal at a time of limited nursing care resources and amid the general outcry in favour of limiting health care expenditure. It is foreseeable that in future patients suffering from "diseases with poor prognosis, unbearable pain or unsustainable impairment" will not be the only ones to die with Exit's help.

The medical profession faces a challenge to improve the art of living and palliative care. Ter-

minally ill patients need to be treated by caregivers experienced in *ars moriendi* and thus capable of providing the conditions for a good death. Serious depression of any sort must be treated in a competent and professional way. If such an approach were implemented it would deprive the "angels of death" of their potential customers and stave off the ultimate perversion of the medical profession: physician-assisted suicide.

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