1. From quality to sanctity of life

Only two slides to clear up the situation in the Czech Republic concerning euthanasia:

2. Situation in the Czech Republic

- Euthanasia and assisted suicide are not permitted.
- The political and public discussions have continued.
- Palliative care is not developed.
- Complex Oncology Centres of integrated oncology and palliative care

3. The political and public debate

- Politicians
- Young people, healthy people
- Medical students (cca 80 %)

Many politicians, young and healthy people and also medical students hold an opinion that euthanasia should be permitted and legalized.
According to my estimation about 80 % of medics in my lectures of medical ethics would agree with legalization of euthanasia.
On the contrary seriously ill patients ask for legalization of euthanasia very rarely.

Story:

4. Case report

- Patient: a woman in her 60s, widow,
  1 daughter (relationship between mother and her daughter not so good, but not bad), domicile South Bohemia
- Dg: non-Hodgkin lymphoma, osteoporosis (few fractures in anamnesis)

5. Treatment

- She was treated at the outpatient department for many years.
- Later on when she was getting worse (far-advance lymphoma and severe osteoporosis) she was treated at our inpatient unit.

6. Short hospitalizations

- The hospitalizations for advanced disease were short (2-3 days),
- in period of 3 weeks
- Treatment: ChT with palliative goal, analgesics and bisphosphonates**.**

7.

- The plan during the last hospitalization before her death:
- to continue with palliative ChT at our department.

8. Her suffering (total pain) and quality of life:

- **A) Physical symptoms:**
- well-relieved pain,
- fatigue and generalised weakness,
- able to walk with a stick

9. B) Psychosocial problems

- loneliness,
- the anticipation of progress of the illness, fear of the progressive disorders,
- sadness/depression;
- feelings of frustration and hopelessness, fear of a lack of the support from her daughter,
- no financial concerns**.**

10. C) Existential distress

- hopelessness,
- futility,
- meaninglessness,
- disappointment,
- death anxiety

11. D) Spiritual/religious issues

- „non believer“

We can see such situation when a patient affirms that he/she is unbeliever very often.

12. Request for euthanasia

It seemed that all these symptoms contributed to the development of thinking about euthanasia, the desire for the euthanasia. But really?

13.

- Her suffering was not intolerable and beyond effective remedy.

How should I attempt to solve her problem?

14. Meaninglessness, hopelessness

- It was clear that her psychosocial distress diminished her quality of life.
- Even with good pain management and psychosocial support her life seemed to be without meaning.

15. My questions

- Where was the potential for her personal development?
- Where were the clue and the key to the relief of her suffering?

I suspected where the key is, but how to find it. How to open her heart?

16. Request for euthanasia

- She insisted on euthanasia, or more precisely she daily asked why euthanasia was not legalized.
  Her wish was to end her life quickly and painlessly.

17.

- Euthanasia became our daily topic of communication. It was a ping pong.
- Euthanasia should be decriminalized/legalized.
- Euthanasia should be permitted by a law.

18.

- Each day her conclusion was:
  It is your religious view that euthanasia should not be legalized.
- It was clear that these words were out of spite.

I was becoming sure that her longing to die with dignity, quickly and painlessly was not the main reason why she requested euthanasia, why she spoke about it permanently.

19. My daily argument

- Prohibition of euthanasia stands also upon religious view, but there are many other reasons why euthanasia should not be decriminalized

20. Arguments

- History: Hippocratic Oath
- II. World war and Hitler program of euthanasia (need of beds, economical reasons and „lives not worth living“, genocide and holocaust)
- b) Human rights – the right to life
- c) Slippery slope

21. Risk

- Profound social change (grant doctors authority to administer death)
- Demoralization in society, psychosocial and emotional manipulation...
- New “social experiment” – can we do it if we have experiences from the War?

22.

- Czech particular problems – economic situation in our country, undeveloped palliative care, lack of hospital beds, imperfect legislation.
- Existence of palliative care - Euthanasia can never be ethically acceptable or tolerable within palliative medicine.
- Respect to autonomy – patient’s autonomy, doctor’s/caregiver’s autonomy

23. My approach to this patient (Bible, Rogers)

- Acceptance, respect for patient's autonomy with remark that she should have respect for my autonomy, too.
- Empathy
- Authenticity (including my personal, ethical and Christian view on the euthanasia, but not the emphasis on religious view).

24.

- **My presence (Immanuel);**
- **listening, listening, listening...**

I could see that my presence (Immanuel) was very important; and also my ability to listen and listen...

25.

- Once, during the last hospitalization, she was sitting at the chair in our corridor and I was passing by her. She asked me strictly to sit down.

26.

- She narrated and narrated but I recognised that she was playing another play.
- It was not pig pong, it was not the current topic of communication: euthanasia.

Her previous request for euthanasia was only a mask of inner, spiritual and religious problems.

27.

- At the end of her long speech she asked me for prayer.
- I was shocked.

28.

- Although the plan was to continue with palliative ChT, it was her last hospitalization at our department. Shortly afterwards she died in a hospital in South Bohemia.

This case analogous to many other cases shows that the request for euthanasia does not necessarily mean that the patient wants to die. She needed to create her life story; she needed to find relationship with God again. The communication about euthanasia was only her inner personal growth.