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ASSISTED SUICIDE

About Assisted Suicide:
Abstract: Certain patients are in great need of help to commit suicide. Such requests are based on two factors:
The free will and the moral values of the individual.
The dramatic development of a certain type of disease, which will, in any event, be fatal, forcing the patient to endure unbearable physical and psychological suffering.
Article 115 of the Swiss Penal Code does not, in fact, forbid assisted suicide to such patients, but the Swiss Board of Medicine purposely hinders its implementation.

Introduction
We all know that ENT cancer can be extremely disabling and mutilating before leading to the death of the patient. We must now talk about a forbidden subject, assisted suicide.
Although they upset us, requests for assisted suicide do exist and they are more frequent that we would like to admit, as seen in recent international literature.
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 and 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.
The right to die with dignity and to obtain assisted suicide becomes legitimate as soon as it can be placed in the context of an incurable illness which has taken an irreversible turn, where the prognosis is fatal and where there is intolerable physical and psychological suffering.

Presentation of a case
The case is of a man born in 1932 who presents the usual risk factors.
In 1990 he undergoes the ablation of an epidermoid cancer of the anterior buccal floor with hollowing out of bilateral omo-hyoidean ganglia.
In March 1998 a second epidermoid CA, this time to the right pyriform sinus, is diagnosed (T4 N2 MO). At first the patient refuses surgical intervention but he does, nevertheless, accept radio-therapy, which is however, unsuccessful and has to be discontinued at 52 GY because of an continued tumor growth.

In view of a serious dyphagia the patient agrees to be admitted to hospital at the Inselspital. A gastrostomy probe is inserted by means of an endoscope and on the 21st of July, 1998 he agrees to a total pharyngo-laryngectomy with a radical hollowing out of right ganglia and a semi radical to the left side.
Following this operation a salivary fistula is observed and on the 17th of August, 1998 a surgical closing with a pectoral flap is attempted. Unfortunately, the salivary fistula recurs.
The 6th of September, 1998 the patient leaves the Inseslpital, his treatment consists of oxazepam and St. John's Wort because of his many suicide requests.
From the 22nd of September, 1998 onwards I take the patient, who is staying in Lausanne, as an outpatient, this is in collaboration with the Bern ENT unit.
On the 9th of November a biopsy of suspect granulations around the pharyngostoma show up a carcinomatous recurrence. I discuss the situation for a long time with the patient who refuses an attempt at genotherapy which was suggested to him by the Inselspital.
On the 30th of November, the patient confirms his request to me and gives me a written letter clearly expressing his wish for assisted suicide. He fixes the date of his suicide for Saturday the 5th of December, 1998, so that he can finish setting his family affairs in order.
I inform the legal authorities in Vaud of my intention to help my patient to die and they acknowledge receipt of this information.
On the agreed date I go to the patient's home. He is waiting for me, surrounded by his family. After a last discussion I put at his disposal
2 meclopropamide suppositories (20 Mg) and a lethal liquid solution containing 10 g of pentobarbital that the patient takes himself by means of his gastrostomy probe (table 1) He goes to sleep rapidly and I certify his death 45 minutes later. I inform the judicial police of this death and they commence an enquiry at the request of the examining magistrate.
Having being interrogated at the police station I am able to leave freely. The judge requests that the medical-legal institution examine the patient's body.
The investigation is proceeded with but is then discontinued by the legal authorities in Vaud because there are no grounds for prosecution.

Table 1: LETHAL PREPARATION PER OS

Sodium Pentobarbital	10 g
Alcohol	20 ml
Aqua purificata	15 ml
Propylene-glycol	10 ml
Sirupus aurantii coticis	50 ml

Commentary:
I agreed to help this patient with his suicide, because he chose lucidly and with full knowledge to die with dignity fulfilling the 5 conditions of Table 2:

Table 2: CONDITIONS FOR ASSISTED SUICIDE

1. Discernment
2. Repeated serious request
3. Incurable illness
4. Terminal prognosis
5. Intolerable physical or psychological suffering.

It is up to the patient alone to decide if the quality of the remainder of his life is bearable or not. It is the patient who is going to die and not the doctor nor the staff who are taking care of him. This means that the patient who requests this must be informed as to the state of his health. The right to die with dignity and to ask for assisted suicide go hand in hand with the

right to the truth. In this domain nobody should impose their rules on others. The conviction of each person is worthy of respect and it should be possible to respect the choice of each person because assisted suicide is possible in Switzerland.

Legal situation

Article 115 of the Swiss Penal Code (table 3)

Table 3: ARTICLE 115 INCITEMENT TO / OR ASSISTED SUICIDE

"Anyone with a selfish motive who incites a person to commit suicide or who helps that person to commit suicide, if the suicide is consummated or attempted will be punished by a maximum of 5 years reclusion or imprisonment".

It could legitimately be concluded that if there is no selfish motive, assisted suicide is not punishable. If suicide is not punishable according to the SPC why should assisted suicide with no selfish motive be liable to punishment?

Why is there a problem today?

We must realize that the Swiss Board of Medicine confiscated and, in fact, hinders the implementation of Article 115. They state in their medical ethic guidelines on medical accompanying of end of life patients, that assisted suicide is not a medical activity. The SBM is, however, subordinate to the SPC that it ignores. And, consequently, the problem of assisted suicide is omitted from medical training programs. Therefore, the doctor may naturally take refuge behind his deontology code and refuse to discuss assisted suicide, which he considers illegal.

Conclusions:

The right to die with dignity and to ask for assisted suicide is a fundamental right of the individual which must be made more accessible to people in the future because it is legal. The problem here is not the doctor and his code of behavior but the patient, his rights and the means he has to ensure such rights are respected.

Summary

Certain patients do request assisted suicide. These requests are founded, on the one hand, on individual freedom of conscience and moral values and, on the other hand, the dramatic evolution of certain pathologies which always lead to the death of the patient where intolerable physical or psychological suffering is endured. Assisted suicide is possible in Switzerland according to the interpretation of article 115 of the Swiss Penal Code but the Swiss Board of Medicine hinders its implementation.

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