

Can you PLEASE KILL ME?

Should Singapore allow euthanasia? Jamie Ee Wen Wei speaks to doctors who work with the terminally ill, and they all tell her: "No"

Say you are dying of an illness and your doctor pronounces that you have no more than three months to live. Worried that your last days will be racked with unbearable pain, you ask to die.

Two doctors certify that you are of sound mind and have made the request voluntarily. They administer you with a drug overdose. Several minutes later, you are dead.

Two weeks ago, Health Minister Khaw Boon Wan raised the issue of whether euthanasia should be allowed in Singapore.

He had posed this question after reading about a debate on the topic that raged in the Chinese press.

One man even sent the minister a letter, written in red ink, asking that euthanasia be made legal.

Earlier, Mr Khaw had said that as Singapore comes to grips with an ageing population, it was time to talk about death and "not sweep it under the carpet".

Several MPs and doctors interviewed by The Sunday Times welcomed discussion on the highly controversial practice, even as they all said they were personally against euthanasia.

Jalan Besar GRC MP Lily Neo, a medical practitioner, said: "By discussing it, we can understand how we can be more compassionate towards those who are suffering."

But some were wary that the discussion would lead to more confusion about the procedure.

Dr Chin Jing Jih, executive director of the Singapore Medical Association's Centre for Medical Ethics and Professionalism, said there must be a consistent definition of euthanasia to ensure a good discussion.

He said this was especially relevant to discussion in the Chinese language, where euthanasia is known as *an le si*. Literally translated, the phrase means "a peaceful and painless (or joyful) death".

Unfortunately, this has led to confusion in the Chinese-speaking community as many tend to confuse euthanasia with palliative care, which involves the management of pain and suffering for terminally ill patients, he said.

As a result, many who merely advocate peaceful death end up on the record as saying they want euthanasia when they are actually not asking to be killed by their doctor, he said.

On the discussion of end-of-life issues, all interviewed said the focus should be on palliative care, which the Government is already looking into.

Dr Fatimah Lateef, an MP for Marine Parade GRC and a doctor for 18 years, said: "I am more for counselling, proper pain control, and family and peer support in those with advanced disease."

She added that she supported the Advance Medical Directive, which came into effect here in 1997 and allows an individual to say he does not want extraordinary life-sustaining treatment should he be terminally ill.

Dr Chin said the medical fraternity in Singapore has always been against the practice of euthanasia.

"We take the position that the solution to suffering in terminal illness is to continue to further develop and upgrade palliative care rather than legalise euthanasia," he said. "This is consistent with the role of the medical profession as healers and comfort providers, our professional values and underlying ethical tenets."

Their concern is not only about the ethics involved but also about preventing abuse.

Madam Halimah Yacob, who chairs the Government Parliamentary Committee for Health, also felt the ground was not ready for the legalisation of euthanasia.

She said the feedback from her grassroots is that Singaporeans do not want euthanasia.

"I'm not quite sure if this is an area that we want to lead in," she said.

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Do you think euthanasia should be legalised in Singapore? Have your say on straitstimes.com or send your views to suntimes@sph.com.sg

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Doctors disagree with act

Five doctors who work with the terminally ill weigh in on the topic of death and euthanasia

I do not think any society should make euthanasia available for all its citizens to pain relief and palliative care.

I am not saying that we can relieve all suffering, or that with palliative care, no one will ask for a hastened death. But if we have not ensured that we have done everything we can for the people and their families who are suffering, and have safeguards

of dying – becoming weaker, more dependent, needing help for even basic needs.

And what are the main reasons for people wanting to die? Not pain, or breathlessness, but losing autonomy, losing the ability to engage in enjoyable activities and losing dignity. There's no medicine for that kind of problem, because it's a state of mind."

feel that they are a burden to their families and to society, would ask for euthanasia, not because they wish to die, but because they feel that it is their duty to die.

I often hear patients expressing a wish to die. But they are not asking for euthanasia, and we must not mistake it as such.

Often, it is an expression of sadness, a way of sharing and ventilating their frustration or grief. They often feel better after they have shared their feelings and find the wish to live on a bit longer. Sometimes, finding someone who will listen to the expressions of their hearts is enough encouragement to find a reason to live."



Dr Noreen Chan, 42, medical director of Dover Park Hospital and consultant at the National University Hospital

"I personally am against euthanasia. Also, the World Health Organisation's definition of palliative care states, among other things, that palliative care 'affirms life and regards dying as a normal process' and 'neither hastens nor postpones death'."

Our response to suffering should be first to acknowledge it, then try to relieve the suffering, rather than to remove the sufferer.

I feel very disturbed when people talk about euthanasia in Singapore.

to protect the vulnerable and the marginalised, allowing euthanasia could be open to abuse. Only very few patients express a wish to die sooner. Of those, only a small proportion ask for euthanasia – which is usually expressed as a lethal injection. For example, they may say: 'Doctor, can't you give me an injection so I can go off?'

The wish for a hastened death fluctuates. Most people don't have a sustained desire, and the wish to die faster may be associated with factors such as bad pain or other symptoms, the fear (often unfounded) of unbearable suffering, which are all issues that we can deal with effectively.

Of course, we must be careful that we aren't missing major depression, which is treatable and could be a reason for someone wanting to die.

I don't think people have a problem with the issue of death. We all know one day we will be no more. But it would seem that many people have problems with the process



Dr Cynthia Goh, centre director of Lien Centre for Palliative Care and head of department of palliative medicine at the National Cancer Centre Singapore

"I personally disagree with euthanasia and would be against it being allowed in Singapore. This is because we have too many frail and vulnerable people in Singapore whose voices may not be heard properly, and who may become victims of non-voluntary euthanasia.

Also, I am worried that people who are old and sick, who already



Dr James Low, 43, senior consultant and head of department of geriatric medicine at Alexandra Hospital

"I disagree with euthanasia because it goes against one of the most fun-

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WHAT IS EUTHANASIA?

Euthanasia is the deliberate, intentional termination of a person's life for the benefit of that person.

In general, euthanasia involves medical doctors making decisions which result in shortening a patient's life, and these decisions are based on the belief that the patient would be better off dead.

The Netherlands, Belgium, Switzerland and the American state of Oregon are the only four jurisdictions in the world where laws specifically permit euthanasia or assisted suicide. In February this year, Luxembourg became the third European country to legalise euthanasia. The law, however, has not come into effect.

In 2002, the Netherlands became the first country to legalise euthanasia. According to the BBC, euthanasia now accounts for between 4,000 and 5,000 deaths a year in the country.

The practice is tightly regulated and it is estimated that doctors – the only people allowed to perform euthanasia – turn down two-thirds of requests.

Under the law, euthanasia will be administered only to patients who are in continuous, unbearable and incurable suffering. A second opinion will be required, the patient must be judged to be of sound mind, and his or her request to die must be made voluntarily, independently and persistently.

Doctors carrying out euthanasia generally administer a lethal injection to their patients, and those assisting in suicides prescribe drug overdoses. Euthanasia is also allowed for babies with incurable conditions including severe spina bifida and a painful skin condition called epidermolysis bullosa.

Belgium also legalised euthanasia in 2002. Patients there must consciously make the demand and be under "constant and unbearable physical or psychological pain" resulting from an accident or incurable illness. Two doctors must be involved, as well as a psychologist if the patient's competency is in doubt. The doctor and patient negotiate whether death is to be by lethal injection or prescribed overdose.

In the United States, Oregon is the first state to allow lethal prescriptions. Doctors can prescribe lethal drugs to help patients commit suicide but cannot administer them.

This is also the case in Switzerland – you have to be able to physically carry out that final act yourself.

What it is not

There is no euthanasia unless the death is intentionally caused by what was done or not done. Thus, some medical actions that are often labelled "passive euthanasia" are not forms of euthanasia, since the intention to take life is lacking.

These acts include not commencing treatment that would not provide a benefit to the patient, withdrawing treatment that has been shown to be ineffective, too burdensome or is unwanted, as well as the giving of high doses of painkillers that may endanger life, when they have been shown to be necessary.

All these are part of good medical practice, endorsed by law, when they are properly carried out.

WHAT IS PALLIATIVE CARE?

Palliative medicine is about improving the quality of life of patients with terminal illnesses such as end-stage cancer and advanced organ failure.

It involves managing pain as well as the social, emotional and spiritual needs of the patient and his relatives.

Palliative care is often given together with therapies that control the progression of the disease and is usually provided by a team which includes doctors, nurses, medical social workers, nutritionists and physiotherapists.

Some people view euthanasia as part of the continuum of palliative care but most within the palliative care community would consider it incompatible.

Their argument: Killing goes against the most fundamental principle of palliative care and medicine, which is to do good and to do no harm.

Good palliative care is also said to reduce the desire for death to be brought about sooner.

Singapore's palliative care received a boost when Health Minister Khaw Boon Wan announced recently that more will be done to ramp up support, both in the care of the dying as well as in exploiting medical advances in the field.

Initiatives include a pilot scheme to introduce end-of-life planning in nursing homes and developing a set of guidelines for health-care professionals. More young doctors will also be encouraged to take up palliative care.

LIFE AND DEATH

■ One in 12 people in Singapore is over the age of 65. By 2030, it will be one in five

■ Last year, 55 per cent of those who were sick or at the end of their lives died in hospitals while 28 per cent died at home

■ About 17,000 people die every year in Singapore

■ Between 3,400 and 3,500 patients go under community palliative care every year

■ Since the Advance Medical Directive Act came into effect in July 1997, fewer than 10,000 people have signed up for it

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damental principles of medicine, which is first and foremost to do no harm.

To me, ending someone else's life is the worst harm that can ever be done to another person, what more to a vulnerable population such as the sick, elderly and dying.

It is unthinkable that the profession that takes pride in healing, curing and comforting life be also the one that takes it away. It reminds me of the proverbial wolf in sheepskin, except that now the sheepskin is the white coat.

Countries that legalise euthanasia have set conditions for it to be implemented. For instance, they require patients who request euthanasia to be above a certain age, mentally sound, suffering from a terminal condition, suffering – and most importantly, it has to be voluntary.

Unfortunately, these conditions have on occasion not been met. Can euthanasia always be voluntary? Involuntary euthanasia is murder.

Legalising euthanasia would also set off a slide towards widening its applications, so that certain groups may feel a duty to be killed or coerced into requesting it.

Many patients do not know the implications when asking for death. Many are in utter misery and desperation from uncontrolled pain (physical, emotional, psychological and spiritual). What these patients require more than anything else is palliative care – the speciality that manages the person holistically. Many patients who request euthanasia are depressed and their expression of a desire for euthanasia is actually a cry for help from their loved ones, their nurses, doctors and society.

Patients would want euthanasia if they thought that they would die without dignity, in pain and suffering and in total abandon-

ment and there is no other way out. They would want euthanasia if they thought that this is what society wanted of them (if euthanasia is legalised).

It also has to do with what value we put on life. As it is now, suicide rates are rising – this is also a reflection on how we value life. We really have to teach our young important life skills and why life is so precious.

Many people requesting euthanasia do not realise the implications of this not only for themselves but also for their loved ones, the professional carers and society.

Euthanasia, in a way, is an expression of an individual's right to self-determination. This is patient autonomy and is another very important principle of medicine. However, many believe that autonomy is never absolute. My autonomy does not give me the right to take another person's life, neither does it give me the right to take away my own life. This is why suicides in Singapore are not allowed."



■ Dr Tan Yew Seng, 42, medical director of Assisi Hospice

"I do not think that euthanasia should be legalised in Singapore. The legal and ethical issues can be

complex and may be difficult for the general public to understand.

There are hospice patients who request the doctor to assist in ending their lives. This, however, tends to represent a 'cry for help', a distress call as a result of physical, emotional or spiritual suffering.

We know that for the majority of them, after we take steps to treat the suffering, such as by treating their pain, bodily distress or depression, the patients no longer express the need to hasten their death.

When patients are able to perceive that the only solution to their suffering is death, they will ask for it.

Therefore, instead of accepting the face value of the request for euthanasia as an individual right, as it is couched in many places, our approach should always be to offer other options to patients to help relieve their suffering.

With choice, almost all patients will choose life instead. Incidentally, enabling patients to live on by managing their suffering is a key tenet in palliative and hospice care."



■ Dr Ang Peng Tiam, 50, senior oncologist and medical director of Parkway Cancer Centre

"I do not agree with active euthanasia. I think it is morally wrong. As a doctor, my duty is to save life and not to take life away. If indeed our society wants euthanasia, then let society decide how to carry it out. It should not be put in the doctor's hands.

Doctors can guide you on medical conditions, like for instance, declare that someone is terminally ill. But the act of killing someone is not for us to carry out.

To me, euthanasia is a cheap option. We should be able to relieve the pain of the dying to help them allow nature to take its course. The heart of the issue now is that we are not offering patients enough support as it is very costly and time-consuming.

Patients want love and care. People who want euthanasia are people who are in despair. They may not have family or community support. It is similar to people who commit suicide. They do it because they feel there is no hope.

I don't think the issue of euthanasia is adequately discussed in Singapore. It is certainly not an issue that the Government should decide, but rather, society should take the responsibility to decide.

I think we should go very, very slow with euthanasia and discuss it in a rational manner."

WHAT IS THE ADVANCE MEDICAL DIRECTIVE?

An Advance Medical Directive (AMD), often called a living will, is a document that tells doctors that a person does not want his life to be artificially prolonged if he has a terminal illness and is unable to express his wishes.

Under the Advance Medical Directive Act, an AMD can be executed only when a patient is certified with a terminal illness, needs extraordinary life-sustaining treatment, and is incapable of making rational judgment.

After the AMD has taken effect, a patient with terminal illness will still receive palliative care and medication.

Anyone who is aged 21 years and above and of a sound mind can make an AMD. A person who wishes to make an AMD can do so by completing a prescribed form, signed in the presence of two witnesses, and return it to the Registrar of AMD.

It is a voluntary decision and no one can make an AMD on behalf of another person. An AMD can be revoked at any time in the presence of at least one witness.

The Ministry of Health promotes AMD largely through doctors at clinics, nursing homes and hospitals, and through an information booklet available at health-care institutions which contains an AMD form. It is also available online.

Health Minister Khaw Boon Wan has said it is important to "actively" encourage people to sign up for the AMD so that their wishes are known ahead of time.

One way to make it easier is to remove the need for a doctor to witness its signing, now a requirement.

Before any amendment to the law is made, public consultations will be held.

AMD is not euthanasia. The AMD Act does not encourage euthanasia. On the contrary, the Act is explicitly and categorically against euthanasia.

To clear up the misconception that an AMD equates euthanasia, Mr Khaw proposed that the explanations of AMD be made in a plainer and clearer form, and in different languages.