



26 January 2016

Bristol Museum & Art Gallery

Assisted Dying Panel Debate:

Should people have the right to decide how and when they die?

to coincide with the opening of “death: is it your right to choose?”, an exhibition which complements “death: the human experience” and will encourage debate and discussion around end of life choices.

Silvan Luley of DIGNITAS

Ladies and Gentlemen,

What is “quality of life”? Here are two definitions:

Quality of Life

«the general well-being of a person or society, defined in terms of health and happiness, rather than wealth»

«an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns»

(Collins English Dictionary, WHO)

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Arguably, health is an important factor. Quite likely the most important one. The Constitution of the WHO defines health as follows:

Health

«Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity»

«The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition»

(Constitution of the WHO, 1949 – 2006)

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Today, we live longer and healthy-longer. An important reason for this is the progress in medical science: The invention of penicillin and other antibiotics. The development of medical intensive care. Today, it is even possible to keep a person alive who would have died.

From 1903 to 2012, in England and Wales, average life expectancy increased from 48 to over 80 years.

This development is a blessing. Who would not want to live long and healthy?

However, there is a downside to this development:

«In an era of growing medical sophistication combined with longer life expectancies, many people are concerned that they should not be forced to linger on in old age or in states of advanced physical or mental decrepitude which conflict with strongly held ideas of self and personal identity»

(ECHR, case Pretty, 2002)


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This has led to a sort of counter-movement. For example, organisations which look into this downside. Here in England, such an organisation was founded already in the 1930s, the VES – Voluntary Euthanasia Organisation. So, the debate about choice in life and at life's end is not new.

Let's take a look at one such organisation – DIGNITAS:

DIGNITAS

- clinic?
- right + freedom to choose at home
- self-determination + self-responsibility
- crack the taboo
- suicide attempt prevention
- comprehensive advisory work
- get obsolete

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Is DIGNITAS a clinic?

No. At a clinic, there are wards for patients to stay for days and weeks, there are medical doctors, there are intensive care units, etc. However, DIGNITAS is a not-for-profit members' society. In fact, an office with a handful of part-time workers. DIGNITAS advocates, educates and supports for improving care and choice in life until life's end with its advisory concept of combining palliative care, suicide attempt prevention, advance directives and assisted dying. This includes the right and freedom to choose time, place and manner of one's own end of suffering and life. A person makes a rational choice, acts self-determinedly, and assumes responsibility.

This issue is surrounded by taboo. It is not easy to talk about death, suffering and ending it. One might be rejected, misunderstood, frowned upon, even sectioned. This layer of taboo must be done away with. Because, many people do terrible things to themselves, attempting suicide, due to being unable to overcome the taboo.

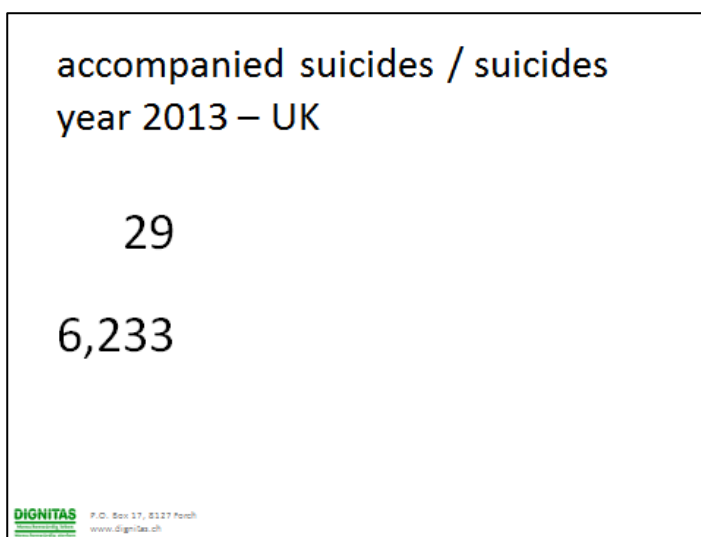
Suicide attempt prevention has become an important part of DIGNITAS' work.

This in turn makes it necessary to do comprehensive advisory work: A wish to end suffering and life can have many reasons. Therefore, all routes to soothe suffering must be looked at and discussed.

The goal of DIGNITAS is: to become redundant, to disappear. If what DIGNITAS does is being done by the public health care and welfare system, no one will need to turn to DIGNITAS anymore.

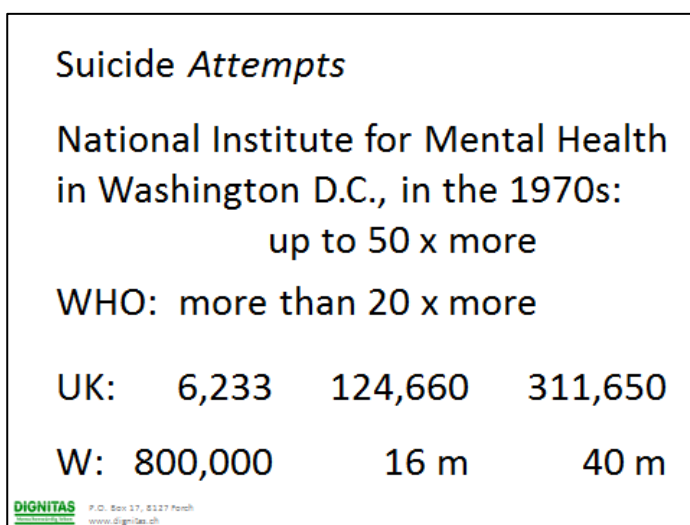
In 2013, 29 Britons travelled to DIGNITAS for an accompanied suicide.

However, the UK Office for National Statistics counts for the same year 6,233 suicides:



The methods: hanging, shooting, poisoning oneself, going in front of a train, jumping off a high cliff or building.

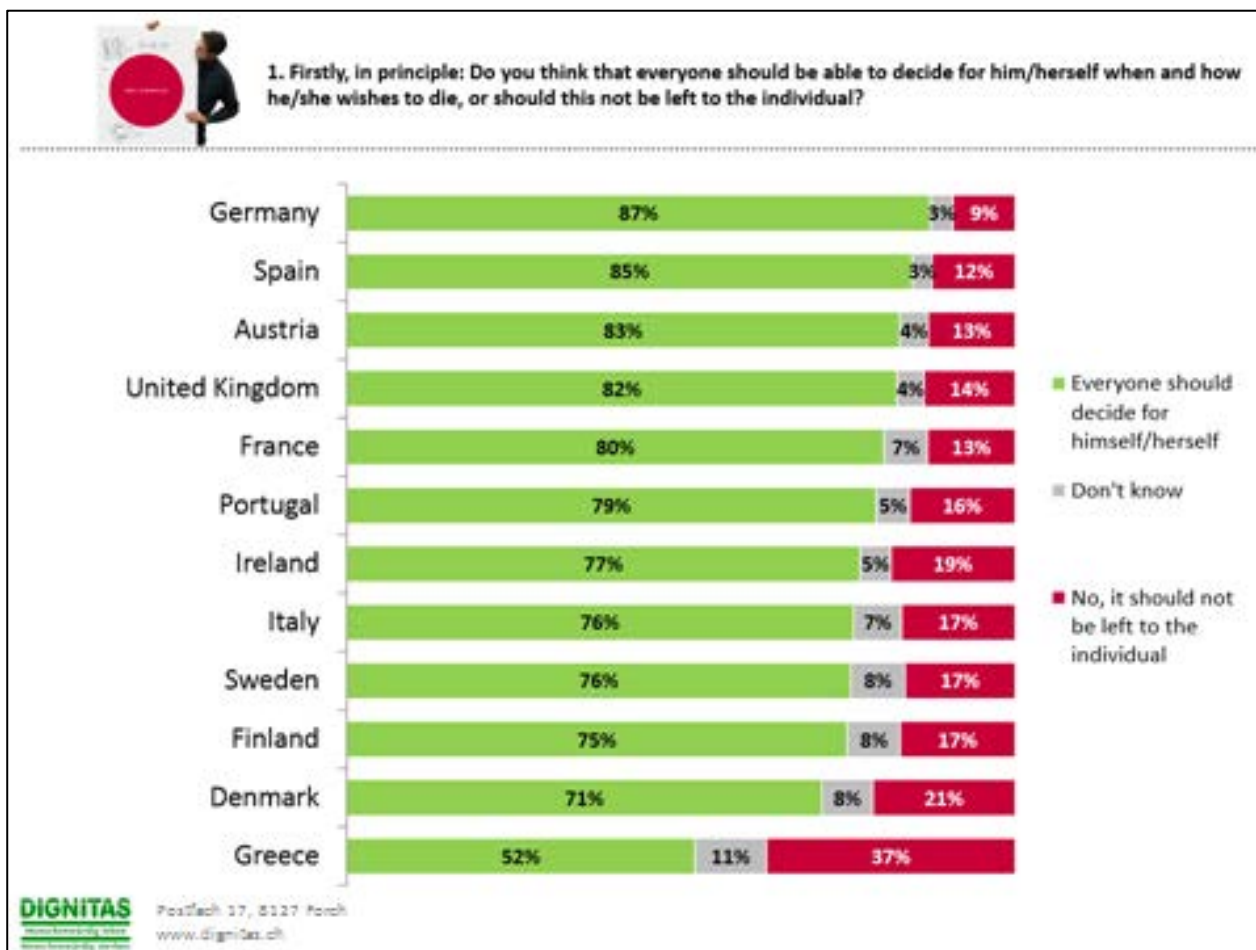
Worse than this: research tells us that the number of suicide attempts is much higher than the number of completed, statistically registered suicides. Up to 50 times, 20 times, some say 10 times higher:



The numbers speak for themselves.

So, where should we turn our attention to?

People who do not have a choice will take extreme measures. With dire consequences. Thousands of them in this country and millions around the world. But allowing access to a safe, accompanied, self-determined and self-chosen ending of suffering is often blocked by politicians. In this country and others, too. Despite the fact that clear majorities of people want freedom of choice:



Could it be that such politicians lack competence to make rational decisions? Could it be that they are ignorant? Could it be that they have ulterior motives – power-play and financial interests?

Wouldn't it be sensible to give people more humanity than collecting their limbs from a railway track?

Every medical doctor knows this:

Declaration of Geneva

As a member of the medical profession...

«I solemnly pledge to consecrate my life to the service of humanity»

«I will not use my medical knowledge to violate human rights and civil liberties, even under threat»

(World Medical Association, 1948 – 2006)

DIGNITAS P.O. Box 17, 8127 Porch
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Maybe, these politicians should learn it, too.

Maybe, these politicians should also learn what the European Court of Human Rights ruled:

«In the light of this jurisdiction, the Court finds that the right of an individual to decide how and when to end his life, provided that said individual was in a position to make up his own mind in that respect and to take the appropriate action, was one aspect of the right to respect for private life under Article 8 of the Convention»

(ECHR, case Haas, 2011)


 P.O. Box 17, 8127 Herzh
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Is it your right to choose? Yes it is, according to the Court. Have you ever met someone who really wants to die? I have not, despite my work. But I have met many who do not want to continue living. If we listen to people about why they do not want to continue living, work with them, provide full information, without taboo or judgment – then people can reflect, choose and make rational decisions. Often, solutions can be found – to make it possible to continue living.

informed - consent

- self-determination
- self-responsibility
- freedom + right to choose

Palliative Care, Advance Directive,
Suicide Attempt Prevention and
Assisted Dying belong together
→ comprehensive advisory work

 P.O. Box 17, 8127 Herzh
www.dignitas.ch

A comprehensive approach is necessary. And for this reason, Palliative Care, Advance Directive, Suicide Attempt Prevention, and Assisted Dying belong together.

Thank you.

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www.dignitas.ch info@dignitas.ch