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**Visit of the External Panel on Options for a
Legislative Response to Carter v. Canada**

**Notes for the Panel by DIGNITAS - To live with dignity -
To die with dignity, Forch, Switzerland**

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1) Introduction

In recent years, questions dealing with the subject of end of life choices, including assisted suicide and voluntary euthanasia, have arisen again and are now discussed in the public, in parliaments and courts.

Of the many reasons for this development, one is the progress in medical science which leads to a significant prolonging of life expectancy. During the congress of the Swiss General Practitioners in 2011 it was emphasised that a sudden death, for example due to a ‘simple’ heart attack or a stroke is nearly unthinkable today, due to possibilities of modern intensive care.

Obviously, this progress is a blessing for the majority of people. Who would not want to live as long as possible if one’s quality of life, which includes health, is good by one’s personal point of view? However, medical advances have led to a

vastly increased capacity to keep people alive without, in many cases, providing any real benefit to their health¹ – prolonging life to a point much further in the future than some patients would want to bear an illness. But, more and more people wish to add life to their years – not years to their life. Consequently, people who have decided not to carry on living but rather to self-determinedly put an end to their suffering started looking for ways to do so. This development has gone hand in hand with tighter controls on the supply of barbiturates and progress in the composition of pharmaceuticals which led to the situation that those wishing to put an end to their life could not use this particular option anymore for their purpose and started to choose more violent methods. A further, parallel, development was the rise of associations focusing on patient's rights, the right to a self-determined end of life and the prevention of the negative effects resulting from the narrowing of options.

In Switzerland, over 30 years ago, EXIT (German part of Switzerland) was founded, in the same year as EXIT-A.D.M.D. (French part of Switzerland), and shortly afterwards the first association to offer the option of an accompanied suicide to its members. Further not-for-profit member's societies like EX INTERNATIONAL, DIGNITAS, and LIFECIRCLE followed, the only difference between these organisations being mainly the acceptance or not of members residing in countries other than Switzerland. As a result of the above-indicated aspects and other developments in modern society, the focus of all associations has widened to include working on suicide preventive issues directly or indirectly, especially suicide attempt prevention, palliative care and the implementation of advance directives (living will).

Today, EXIT has 92,000 members and EXIT-A.D.M.D. 21,000. DIGNITAS, together with its independent German partner association DIGNITAS-Germany in Hannover, counts over 7,000 members worldwide of whom 120 reside in Canada.²

In the over 17 years of DIGNITAS' existence, 36 Canadians have made use of the option of a self-determined self-enacted ending of suffering and life with DIGNITAS in Switzerland³. For all DIGNITAS-members, being assisted and accompanied through the final stage of their life towards their self-determined end was and is an issue of major importance. DIGNITAS always encourages members to have their next-of-kin and/or friends at their side during the entire process, including the final days.

2) Who is DIGNITAS?

DIGNITAS is a Swiss not-for-profit member's society, a help-to-life and right-to-die, dignity advocacy group, founded in 1998 by Swiss human rights attorney Ludwig A. Minelli. Many years earlier, in 1977, he had already founded SGEMKO, the Swiss Society for the European Convention on Human Rights, a not-for-profit member's society spreading information about the European Convention for the

¹ British Medical Journal 2012, <http://www.bmj.com/content/bmj/345/bmj.e4637.full.pdf>

² <http://www.DIGNITAS.ch/images/stories/pdf/statistik-mitglieder-wohnsitzstaat-31122014.pdf>

³ <http://www.DIGNITAS.ch/images/stories/pdf/statistik-ftb-jahr-wohnsitz-1998-2014.pdf>

Protection of Human Rights and Fundamental Freedom (ECHR). At an early stage, Mr. Minelli and his colleagues have been convinced that where there is the individual's right to life as enshrined in article 2 of the ECHR, there also must be the individual's right to die – the right to end his or her own life. Many years later, in 2011, the European Court of Human Rights confirmed this opinion in the case of HAAS v. Switzerland, application no. 31322/07.

DIGNITAS being a human rights orientated organisation posed the question: if in Switzerland, why not in other countries? Isn't it discriminatory, if access to a dignified end of life depends on domicile/residence and citizenship? The ECHR condemns such discrimination in article 14⁴. Therefore, the logic consequence for DIGNITAS was 1) to allow non-Swiss residents and non-Swiss citizens to access the possibility of an assisted suicide in Switzerland, and 2) to advocate for implementation of 'the last human right', the practice of Switzerland, in other countries too. In its over 17 years of operation, DIGNITAS has been involved in several leading legal cases dealing with the 'right to die' at the European Court of Human Rights and elsewhere, DIGNITAS has been consulted by representatives of the Parliament of England and Scotland with an aim of implementing laws to introduce assisted/accompanied suicide as an additional end-of-life-choice, and has undertaken many more activities to implement this 'last human right' around the world.

For DIGNITAS, when it comes to making use of freedom at life's end, it is understood that the discrimination of a Canadian or any other citizen against a Swiss citizen is unacceptable and such discrimination should be abolished.

No one should be forced to travel to Switzerland in order to have a self-determined, self-enacted, safe and accompanied ending of his or her suffering. Everyone should have access to such option at his or her home, as an additional choice besides palliative care. In consequence, DIGNITAS writes this submission in the name of its Canadian members and for all other Canadians who would like to have such freedom of choice, so they won't need DIGNITAS anymore.

Today, together with its sister association DIGNITAS—Germany in Hanover, which was established in 26 September 2005, DIGNITAS has some 7,100 members in 70 countries around the world. Of these, 120 live in Canada.⁵

It is DIGNITAS' opinion that people are not the property of the state. They are the bearers of human dignity and this is characterised most strongly when a person decides his or her own fate. The freedom to shape one's life includes the freedom to shape the end of one's life. However, departing on such a "long journey" entails responsibility. All individuals are part of society. Therefore, one should not set out on this journey without careful preparation, not without having said appropriate goodbyes to loved ones.

Contrary to false and truncated information spread by incompetent journalists, DIGNITAS is not a 'clinic'; there are no doctors and no nurses hastening around in wards, no emergency-room, no facility for patients to stay for days and weeks and

⁴ http://www.echr.coe.int/Documents/Convention_ENG.pdf page 13

⁵ <http://www.DIGNITAS.ch/images/stories/pdf/statistik-mitglieder-wohnsitzstaat-31122014.pdf>

be treated / looked after, etc. Also, there is no such thing as ‘poison’ or ‘lethal cocktail’ which people could have just after deplaning. Claims that DIGNITAS would offer (active) ‘euthanasia’ is false too; in fact, both voluntary and involuntary euthanasia are prohibited in Switzerland. What is possible and legal in Switzerland is assisted suicide or rather ‘accompanied suicide’: a self-determined ending of one’s suffering and life by own actions. An accompanied suicide means that the individual wishing to end his or her life must be able to administer the lethal drug (or any other method) by himself or herself. And he or she must have full capacity of discernment. Most important, the person is not left alone, but may end his/her life in presence of next-of-kin and friends. This in stark contrast to all the lonely ‘clandestine’ suicide attempts often involving crude methods and dire consequences for the individual attempting and third persons (i.e. train drivers and rescue teams), of which the majority fails – some research speaks of a failure rate of up to 49 out of 50 attempts.

Over the years of its existence, DIGNITAS has been involved in many legal cases. In particular on 20 January 2011 to the following European Court of Human Rights decision in the case of HAAS vs. Switzerland,⁶ where the Court found:

“In the light of this jurisdiction the court finds that the right of an individual how and when to end his life provided that said individual is 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”.

Many opponents of assisted dying claim there is no right to die. DIGNITAS believes that they are wrong. The very goal of the DIGNITAS-organisation is to become obsolete. Because, if people in Canada and elsewhere have real and legal choice, none of these citizens needs to travel to Switzerland and become a ‘freedom-tourist’ (which is a term certainly more appropriate than ‘suicide-tourist’) and thus DIGNITAS is not necessary anymore for them.

3) Swiss law and the ‘Swiss model’

In Switzerland, after decriminalisation of suicide during enlightenment in the 17th - 18th century, in the 19th century expert committee and parliament discussed the issue of assistance in suicide and found that a gentleman who would have lost his good reputation/dignity due to some incident should be able to ask a friend, who is officer in the army, to let him a gun and to show him how to use it so that he could properly end his misery. It was considered to be a ‘Freundestat’, an ‘act of friendship’, an assistance which should not be punished. In those days, there was not one criminal code for Switzerland, but each Canton (each of the then 22 Swiss States) had its own criminal code.

This aspect of assistance/help which should not be punished was also taken into consideration when discussions started about a single criminal code for all of Swit-

⁶ Application no. 31322/07; Judgment of a Chamber of the First Section (in French): <http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-102939>

zerland. In 1918, in its comment (a so-called federal council dispatch) accompanying the proposal for a Federal Criminal Code, the Federal Council (which is the Swiss government, consisting of 7 members, each head of one department) stated that if the aforementioned assistance was done with selfish motives, it should be punished. As examples for such selfish motives the Federal Council referred to situations such as if someone greedily intended to inherit 'earlier' or if someone intended 'to get rid' of having to support a family member. Thus, the initial aim/purpose of the regulation was upheld and additionally specified. It took many more years for the Swiss Federal Criminal Code to be finalised in 1937 and to come into force on 1 January 1942. The specific article in this Federal Criminal Code, dealing with the subject of assisted suicide and still valid today, reads as follows:

Art. 115 – Inciting and assisting suicide⁷

Whoever, from selfish motives, induces another person to commit suicide or aids him in it, shall be imprisoned for up to five years or pay a fine, provided that the suicide has either been completed or attempted.

The legal consequence (in the sense of 'e contrario') of this article 115 is: anyone can help (assist) any person to commit suicide as long as (s)he who helps does not have selfish motives in the sense of the examples stated above. Of course, in these specific circumstances of being assisted, the person self-determinedly ending his or her life must have legal capacity of judgment, in plain words: must be competent.

Up until today, Switzerland has not set up a specific law, a specific act/bill, regulating the procedure of assisted/accompanied suicide. However, with the development of modern medicine and consequently the founding of the two Exit members' societies in 1982, a practice developed which today enjoys acceptance with the authorities and the public.

Common denominator and in legal practice accepted is that a Swiss medical doctor can prescribe the psychotropic substance Sodium Pentobarbital for the purpose of an assisted suicide, if he/she 1) checked the medical file = found that there is some medical diagnosis/suffering, 2) has seen / spoken the patient and found that he/she really wants to self-determinedly end his or her own life and 3) found that the patient does not lack mental competence to make a rational decision to do so. In practice, the medical doctor would prescribe 15 grams of Sodium Pentobarbital powder and give the prescription to an employee of DIGNITAS (or another such organisation). The employee would then fetch the medication from a pharmacy. The medication is then used in the frame of an assisted/accompanied suicide, usually at the home of the patient (living anywhere within Switzerland), in the presence of one or more employees of the organisation. Family and friends are always encouraged and welcomed to attend the proceedings. Generally, the patient never receives the prescription or the medication to take home. If the patient does not make use of the medication on that particular day, the employee of the organisation brings it back to the pharmacy.

⁷ <https://www.admin.ch/opc/en/classified-compilation/19370083/201501010000/311.0.pdf>

There is also the possibility that a medical doctor prescribes the Sodium Pentobarbital and does the assistance himself/herself.

In all cases, the patient must do ingestion himself/herself, which is drinking it, or opening the valve of a drip, or activating a pain-pump which pushes down the rod of a syringe-container filled with the Pentobarbital and thus pumps the medication via a tube into the vein.

Details of the preparation and the actual course of an assisted / accompanied suicide can be found in the booklet 'How DIGNITAS works' which is published on the DIGNITAS-website.⁸

At this point, it is important to stress that all this is about the personal decision of a competent individual assuming responsibility for his or her own life – not about a third person making decisions on behalf of this individual. It is always the patient who is in charge, who decides which steps will be taken – until the very last moment.

Despite such non-state-regulated practice, there is no misuse and even after 30 years of such assisted dying practice being an option, numbers of Swiss residents making use of this are at a rate of under 1 % of all deaths per year; the most recent available figures, of the year 2013: 64,961 deaths – 587 assisted suicides.⁹

The Swiss practice did not lead to a 'one-track solution': over these 30 years, a system developed, promoted by all five Swiss 'right-to-die' organisations such as DIGNITAS, which combines palliative care, suicide attempt prevention, advance directives and the right to choose in life and at life's end. In other words: 'right-to-die' organisations have developed into information centres on *all* options to soothe and/or end suffering. To little surprise, in its publication "National Strategy Palliative Care 2013 - 2015", referring to the Federal Council report "Palliative Care, Suicide prevention and organised assistance with suicide" of June 2011, the Federal Office of Public Health FOPH acknowledged that "*nowadays, in society primarily suicide assistance organisations are seen to be a possibility to ensure self-determination at the end of life*".

4) Monitoring of the system / safeguards

At first glance, one might consider the Swiss approach of not having enacted a specific law/act which regulates all aspects of assisted / accompanied suicide done by private organisation like Exit und DIGNITAS a most liberal one which could give room to misuse. However, there is a well-established balance between freedom, self-responsibility and state surveillance which give simple yet effective rules of practice within the system and which serve as effective safeguard. Two core elements are: 1) Pentobarbital of Sodium is the only practically effective and useful means of making possible accompanied suicide. This medication though is only available through a (Swiss) medical doctor's prescription. All doctors need to have

⁸ http://www.DIGNITAS.ch/index.php?option=com_content&view=article&id=23&Itemid=84&lang=en

⁹ <http://www.bfs.admin.ch/bfs/portal/de/index/themen/14/02/04/key/01.html>

a permission to work as such, granted by the States / Cantonal Health Authorities. Even though doctors may prescribe the medication, they clearly need to justify the individual case, know the patient, having assessed the patient's request and his or her capacity of discernment. A doctor who would violate his or her duty of care in this field would immediately prompt an investigation by the Health Authorities which – if investigation found a violation of good conduct – would lead to such doctor losing permission to prescribe Pentobarbital and/or as a further and more rigorous penalty losing his or her approbation. 2) Each case of assisted / accompanied suicide is investigated by the State / Cantonal Prosecution Authorities in cooperation with the police and the Institute of Forensic Medicine. Based on the medical file and further documents provided by the organisations such as DIGNITAS. Would they find any inconsistency whatsoever, investigation leads to opening a case of prosecution against all people involved in the assisted suicide: the medical doctor, the DIGNITAS-companions having taken care of the patient, and possible further individuals having been involved. One of the core elements of investigation is a potential violation of the aforementioned article 115 of the Swiss Criminal Code. The massive pressure of potentially losing approbation (doctor) and possibly going to jail for 5 years (doctor and everyone else involved) has been serving as a lean yet very effective safeguard against abuse for many decades. There are no court case on this which we would know of.

At this point, we need to take a look at the two main arguments of opponents to any form of assisted dying: they argue that this could pressure 'vulnerable' individuals to end their life, for example because they would be pushed by loved ones not to be a burden on them anymore. And it is suggested that legalisation would create a 'slippery slope', an unstoppable increase in numbers. The general understanding may be that individuals under the age of 18 or 16, people who are dependent on medical care and those who suffer from a loss of capacity to consent (for example due to dementia) would be classified as vulnerable. However, it is now acknowledged – especially in the annual reports of the Public Health Division of the Government of the US-American State of Oregon¹⁰ – that assisted suicide has absolutely nothing to do with 'vulnerable' individuals. Oregon, like Switzerland, has a system of medical doctors prescribing an effective lethal medication after having assessed the patient; yet with the interesting and more liberal difference of the patient obtaining the lethal medication personally and storing it at home for the moment of his or her personal choice. The 'vulnerable' argument is a pretext argument which distracts from further looking into the pressing social issue: the problem that those who become suicidal are often facing barriers. This, because there is still a taboo surrounding the topic of suicide, the fear of being put in a psychiatric clinic and thus being deprived of freedom and the fear of having his or her suicidal thoughts denounced, belittled, ignored or dismissed. In fact, these individuals are the really vulnerable ones and their situation will certainly not be improved by thought savers, pretext arguments and upholding the taboo.

¹⁰ Death with Dignity Act annual reports of the Department of Human Services of the US State of Oregon:
<http://public.health.oregon.gov/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx>

The Journal of Medical Ethics carried the article “Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in vulnerable groups”¹¹. The topic-related relevant part of the abstract of this article states as follows:

“Background: Debates over legalisation of physician-assisted suicide (PAS) or euthanasia often warn of a ‘slippery slope’, predicting abuse of people in vulnerable groups. To assess this concern, the authors examined data from Oregon and the Netherlands, the two principal jurisdictions in which physician-assisted dying is legal and data have been collected over a substantial period.

Methods: The data from Oregon (where PAS, now called death under the Oregon ‘Death with Dignity Act’, is legal) comprised all annual and cumulative Department of Human Services reports 1998–2006 and three independent studies; the data from the Netherlands (where both PAS and euthanasia are now legal) comprised all four government-commissioned nationwide studies of end-of-life decision making (1990, 1995, 2001 and 2005) and specialised studies. Evidence of any disproportionate impact on 10 groups of potentially vulnerable patients was sought.

Results: Rates of assisted dying in Oregon and in the Netherlands showed no evidence of heightened risk for the elderly, women, the uninsured (inapplicable in the Netherlands, where all are insured), people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations. The only group with a heightened risk was people with AIDS. While extralegal cases were not the focus of this study, none have been uncovered in Oregon; among extralegal cases in the Netherlands, there was no evidence of higher rates in vulnerable groups.

Conclusions: Where assisted dying is already legal, there is no current evidence for the claim that legalised PAS or euthanasia will have disproportionate impact on patients in vulnerable groups. Those who received physician-assisted dying in the jurisdictions studied appeared to enjoy comparative social, economic, educational, professional and other privileges.”

Furthermore, not every individual who may be seen by third parties as vulnerable would personally share this view. One needs to bear in mind: there is a fine line where protection turns into undesired paternalism. Such paternalism very much applies to psychiatry, which has a long-standing view that a desire to die is a manifestation of mental illness, whilst in fact patients who secure and utilise a lethal

¹¹ Journal of Medical Ethics 2007;33:591-597; doi:10.1136/jme.2007.022335:
<http://jme.bmj.com/content/33/10/591.abstract>

prescription are generally exercising an autonomous choice unencumbered by clinical depression or other forms of incapacitating mental illness.¹²

As to the ‘slippery-slope’ argument, DIGNITAS adheres to a statement of the full professor (‘Ordinarius’) for law ethics at the University of Hamburg, Germany, Dr. iur. Reinhard Merkel, who looked into this argument in his report “Das Dammbrech-Argument in der Sterbehilfe-Debatte” (“The slippery-slope argument in the euthanasia debate”)¹³: in this report he emphasized that arguments of this nature have always been the most misused instruments of persuasion in public debates on controversial subjects. They have always been the probate residuum of ideologists and demagogues.

Furthermore, based on the experience of the Zürich City Council, we now know that allowing assisted/accompanied suicide even in nursing homes for the elderly does not lead to any rise of such end-of-life choice: of the 16,000 residents in Zürich homes for the elderly, only zero to three assisted/accompanied suicides per year have taken place since the authorities allowed associations like Exit, DIGNITAS and others to access such homes since 2001¹⁴.

The issue is not whether someone would make use of assisted suicide: in fact, the majority of members of DIGNITAS who have requested the preparation of an accompanied suicide and who have been granted the ‘provisional green light’¹⁵ do not make use of the option after all. Based on a study on our work, research into 387 files of members of DIGNITAS, who – through the given procedure in our organisation – received a basic approval from a Swiss physician, a ‘provisional green light’, that he or she would issue the necessary prescription for an assisted suicide, 70 % did not contact DIGNITAS again after such notification. Only 14 % made use of the option of an assisted/accompanied suicide, some after quite a long time¹⁶. For many, the prospect of such a prescription signifies a return to personal choice at a time when their fate is very much governed by their suffering. It enables many to calmly wait for the future development of their illness and not to prematurely make use of an accompanied suicide, let alone take to a ‘clandestine’ suicide attempt with all its risks and dire consequences.

5) Alternatives to death and suicide attempt prevention

It is DIGNITAS’ first and foremost aim to look for solutions which look towards re-establishing quality of life so that the person in question can carry on living. In

¹² Cambridge Quarterly of Healthcare Ethics 2014, <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9333247&fileId=S0963180114000085>

¹³ in: FRANK TH. PETERMANN, (ed.), Sicherheitsfragen der Sterbehilfe (Safety questions in assisted dying), St. Gallen 2008, p. 125-146

¹⁴ See the interview with Dr. Albert Wettstein, former Chief of the Zürich City Health Service (available in German) online: <http://www.derbund.ch/schweiz/standard/Natuerlicher-als-mit-Schlaeuchen-im-Koerper-auf-den-Tod-zu-warten/story/13685292?track>

¹⁵ For an explanation, see the general info-brochure of DIGNITAS, page 6 - 7: <http://www.DIGNITAS.ch/images/stories/pdf/informations-broschuere-DIGNITAS-e.pdf>

¹⁶ Extract of the study (available in German) online: <http://www.DIGNITAS.ch/images/stories/pdf/studie-mr-weisse-dossier-prozentsatz-ftb.pdf>

2002 the Swiss Government concluded from scientific research that for every actual suicide there are as many as 49 attempted suicides which fail, with dire consequences. Receiving access to an accompanied suicide is an important part in this. Most interestingly, only some 14% of those DIGNITAS members who pass through the hurdles of gaining agreement to an assisted suicide, actually make use of this option. Regaining control over the last stretch of life, having an “emergency exit” is sufficient relief for many and they do not need to resort to ghastly methods with the high risk of failure. One third of DIGNITAS’ daily counselling work by telephone is with non-members. First and foremost, DIGNITAS is a suicide attempt prevention organisation and therefore a help to live organisation.

Everyone should be able to discuss the issue of suicide openly with their general practitioner, psychiatrist, carers, teacher, priest, etc. The taboo which surrounds the topic must be lifted. The possibility of – anonymously as well as openly – using a help-line is a very important service provided by some institutions¹⁷. However, for many people ‘talking about it’ does not suffice: they seek the concrete option of a painless, risk-free, dignified and self-determined death, to put an end to their suffering.

DIGNITAS’ experience with all people – no matter whether they suffer from a severe physical ailment or other impairment, or wish to end their life due to a personal crisis – shows that giving them the possibility to talk to someone openly and without fear of being put in a psychiatric clinic, has a very positive effect: they are – and feel that they are – being taken seriously (often for the first time in their life); through this, they are offered the possibility of discussing solutions to the problem(s) which led them to feeling suicidal in the first place¹⁸. They are not left to themselves and rejected like many suicidal individuals who such cannot discuss their suicidal ideas with others through fear of being ostracized or deprived of their freedom in a mental institution for some time.

Furthermore, through their contact with DIGNITAS, not only are their suicidal ideas taken seriously but they also know that they are talking to an institution which could in fact, under certain conditions, arrange for a ‘real way out’. This aspect of authenticity cannot be underestimated.

This ‘talking openly’ unlocks the door to looking at all thinkable options. These include advising the individuals in a personal crisis to visit a crisis intervention centre, referring severely suffering terminally ill to the palliative ward of a appropriately equipped clinic, suggesting alternative treatments, directing patients who feel ill treated by their general practitioner to other clinicians, and so on; always depending on the individual’s needs. Over one third of DIGNITAS’ daily ‘telephone-work’ is counselling individuals who are not even members of the association who thus receive an ‘open ear’ and initial advice free of charge.¹⁹

¹⁷ In Canada provided for example by several Crisis Centres <http://suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre> or Suicide Prevention Lifeline which is also accessible in Canada <http://www.suicidepreventionlifeline.org>

¹⁸ See ‘The counselling concept of DIGNITAS’, <http://www.DIGNITAS.ch/images/stories/pdf/diginpublic/referat-how-DIGNITAS-safeguards-eth-21072014.pdf> page 10 ff.

¹⁹ <http://www.DIGNITAS.ch/images/stories/pdf/statistik-beratungsgespraech-2607-30092010.pdf>

The experience of DIGNITAS, drawn from over 17 years of working in the field of suicide prophylaxis and suicide attempt prevention, shows that the option of an assisted/accompanied suicide without having to face the severe risks inherent in commonly-known suicide attempts is one of the best methods of preventing suicide attempts and suicide. It may sound paradoxical: in order to prevent suicide attempts, one needs in principal to say ‘yes’ to suicide. Only if suicide as a fact is acknowledged, accepting it generally to be a means given all humans to withdraw from life and also accepting and respecting the individual’s request for an end in life, the door can be opened to ‘talk about it’ and tackle the root of the problem which made the individual suicidal in the first place.

Today, the ‘Western society’ generally agrees that there is no duty to live (on). Furthermore, there is the decision HAAS v. Switzerland by the European Court of Human Rights, mentioned before. Taking this as the base, it comes as a logical consequence people who wish to make use of the right to end their life are not simply left to themselves, having to take to insufficient and undignified methods endangering themselves and third persons, but that we provide support and means for an assessed, accompanied and safe suicide. For this, a bold step forwards is necessary which does away with religious dogmas, pretext arguments and thought savers. An approach of liberty, self-determination and self-responsibility must be the starting point, not insinuated fears and paternalism.

If solutions for carrying on with life are impossible, then the option of a dignified death must be considered. A ‘real’ option will deter many from attempting / committing suicide through insufficient, undignified means. Furthermore, at DIGNITAS, in the preparation of an assisted/accompanied suicide, next-of-kin and friends are involved in the preparation process and encouraged to be present during the last hours: this gives them a chance to mentally prepare for the departure of a loved one and thus give their support and affection to the suicidal person until the very end of life.

5) Canadian Nationals who use(d) DIGNITAS

On 11 June 2004, the first Canadian national ended her life with the assistance of DIGNITAS. Aged 46, she was suffering from multiple sclerosis and living in a care home. Since then, until the end of August 2015, a total of 39 Canadians have “chosen” to make the arduous journey to DIGNITAS. These figures do not take account of other organisations in Switzerland which provide the option of assisted / accompanied suicide. Many in Canada have been complaining that the current legal position on assisted dying is discriminatory against those who cannot physically take their own lives and thus they have no option if they cannot afford it and put up with the trauma and pain of travel to Switzerland. In total DIGNITAS has helped more than 2000 individuals from around the world, to help them achieve their self-determined and self-enacted end of suffering and life generally in the presence of their loved ones. However, it has never been the aim of DIGNITAS to act as a ‘last resort’ for people from abroad who wish to put an end to their medical ordeal in a

safe and dignified manner; in fact, DIGNITAS is not interested at all in that Canadian nationals or anyone else travels to Switzerland for such procedure.

No one should be forced to leave his or her home in order to make use of the basic human right of deciding on the time and manner of the end of his or her life. The current legal status of assisted dying in many countries is not only “inadequate and incoherent” as the UK Commission on Assisted Dying put it on the front side of its final report²⁰, the situation is in fact a disgrace for countries which would be considered a part of the modern and democratic Western world. Solutions need to be found which do not force citizens to travel abroad in order to have freedom of choice. It should not be ignored that only individuals with at least a minimum of financial resources – something that certainly not everyone has – can afford to travel to Switzerland in order to make use of the option of a self-determined end of suffering and life, which is an unacceptable discrimination against those who are not so well off. DIGNITAS’ statutes allow for reduction or even total exemption of paying costs to DIGNITAS,²¹ however, the person still would have to bear costs for travelling, accommodation, etc. besides bearing the burden of a long journey which is even more strenuous in a deplorable state of health. Furthermore, facing the fact that if one wishes to make use of the human right of a self-determined end of suffering and life one has to be able to travel some 6498 kilometres (which is the flight distance from Toronto to Zürich), leads to the situation that some might depart earlier than they wish to. In other words: a too narrow legislation on assisted dying is incoherent and discriminating and potentially leads to premature death in two ways: either people travel to Switzerland earlier than wanted or they take to risky and undignified suicide methods at home as long as they can control their fate.

DIGNITAS
To live with dignity - To die with dignity



Ludwig A. Minelli



Silvan Luley

²⁰ <http://www.demos.co.uk/publications/thecommissiononassisteddying>

²¹ http://www.DIGNITAS.ch/index.php?option=com_content&view=article&id=11&Itemid=52&lang=en