

Opinion concerning a draft resolution on assistance to the dying adopted on April 25th 1991 by the Committee on the Environment, Public Health and Consumer Protection of the European Parliament

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The draft resolution on assistance to the dying, adopted on April 25th 1991 by the Committee for the Environment, Public Health and Consumer Protection of the European Parliament recognises recourse to euthanasia in hospitals and palliative care centres.

The draft calls for the following observations from the National Consultative Ethics Committee:

1. Palliative care, through improving pain relief and providing patients and their families with attentive support, has made requests for euthanasia very rare. These will be further reduced by the generalisation of doctor and health care team training based on on-going palliative care studies.

2. Legalised euthanasia, even in exceptional cases, would be open to abusive and uncontrollable interpretation: the decision on death would be taken at the request of the patient - a respectable request no doubt - but highly ambivalent.

On occasion, economic, hospital, family or ideological considerations unrelated to patient distress would become involved.

3. From its inception the physician's calling has been one of prevention, care and pain relief. Legal provision for euthanasia would betray the end purpose of his mission and cast suspicion on health care teams thus, in turn, creating anxiety for patients and their families.

4. This new provision would establish excessive power over human life; furthermore, it carries a necessarily restrictive definition of humankind. The European Parliament Committee reduces the dignity of human beings to their level of self-sufficiency and consciousness. The dignity of human beings lies in their humanity. Physical deterioration inflicted by disease cannot erode this inalienable quality.

The National Consultative Ethics Committee, having on many occasions recalled the fundamental principle of respect for human dignity, restates the principle at a time when consideration is being given to end-of-life-circumstances.

5. By virtue of this principle the Committee considers that:

- unreasonable, relentless care pursued beyond all hope should make way for the alleviation of pain to which the doctor is duty-bound.
- research on improving and expanding palliative care should be intensified.
- the family and next of kin should be involved in providing support.

Accordingly, the National Consultative Ethics Committee expresses its disapproval of legislation or regulations that legitimise the act of taking the life of a patient.