

Introduction

Assisted suicide is a subject of actuality and it creates many reactions among doctors, jurists and professionals of ethics, but also huge debates by public opinion.

Assisted suicide is allowed in certain countries, such as Netherlands, Belgium and the Oregon state, in the USA.

Switzerland also allows assisted suicide, on the opposite of active euthanasia which, as stipulated by article 114 of the Swiss penal code, is considered as a crime.

In the French-speaking part of Switzerland, EXIT-ADMD (Association for the Right to Die with Dignity), founded in 1982, assists, under certain strict conditions, severely ill patients who wish to end their lives. In the German-speaking part of Switzerland, there are 4 such associations, for example EXIT German Switzerland and DIGNITAS, founded in 1998 by a lawyer.

Material and methods

Our study is based on the totality of assisted suicide cases performed by the association EXIT-ADMD over a 5 year-period (January 1st, 2001 to December 31st, 2005), in the French-speaking part of Switzerland (states of Vaud, Geneva, Newcastle, Friburg, Valais and Jura). We obtained a total of 200 cases (for a population of 1'900'000 inhabitants, over a surface of 12'000 km²).

It allows a precise survey of assisted suicide in the French-speaking part of Switzerland, as EXIT-ADMD is the only association performing such an activity.

Results and discussion

Decisions by end of life are different from a country to another, especially because of cultural factors, and also depending on different legal dispositions.

Palliative care has significantly developed over the past few years in Switzerland and a vast number of institutions offer excellent quality palliative medicine. However, in spite of all the good will of medical staff, there are situations where good will proves insufficient when confronted to a patient who considers having lost all dignity (chronic pain, loss of autonomy, etc). Some other patients simply cannot relate to this particular form of medical care. The result of this is that certain patients resort to requesting help from associations as they have the intention of putting an end to their lives.

In Switzerland, direct active euthanasia is forbidden, even if practiced on special request of the patient (as exposed in article 114 of the Swiss penal code). On the opposite, indirect active euthanasia and passive euthanasia are not repressed by the law.

Concerning assisted suicide, the Swiss law does not consider it as a crime as long as it is not conducted by a selfish motive, as exposed in article 115 of the Swiss penal code. As law is quite permissive concerning assisted suicide, its practice is mainly ruled by medico-ethical considerations, as those provided by the Swiss Academy of Medical Sciences (ASSM). ASSM declares that assisted suicide is not part of the medical activities, but it recalls the duty, for doctors, to respect rights and choices of their patients (self-determination's right).

When a patient asks the EXIT-ADMD association to assist him in his will to end his life, many conditions are required before the assistance is accepted.

The patient must fulfil the five following criteria: discernment ability, serious and repeated request, desperate medical situation, heavy physical and/or psychological suffering, fatal prognosis of the disease or heavy disability. Medical data are obtained by the family doctor when available; when not, they are based on recent hospitalisation data, such as radiographics, surgery,... When death has happened, as it is not a natural death, the police Officer and the forensic doctor proceed to the place of death to examine the body of the deceased and the documents.

The number of cases grows almost constantly during this period of time; it is about 2,5 greater in 2005 than in 2001 (fig.1):

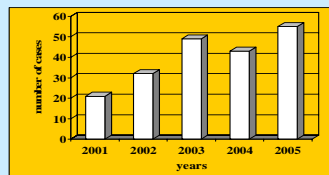


Fig. 1

The most concerned states are Vaud and Geneva; Newcastle, Valais and Friburg showed less than 20 cases over this period; no cases occurred in the rural state of Jura.

At the time of death, most patients are more than 70 years old (fig.2):

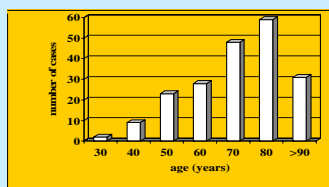


Fig. 2

The main pathology that occurred most currently was cancer (47,5%), then neurological diseases (24,5%), especially multiple sclerosis (11 cases), lateral amyotrophic sclerosis (6 cases) and Parkinson disease (13 cases). Cardiovascular diseases represent 13,5% of the cases and disabling osteoarticular pathologies are less frequent (fig.3):

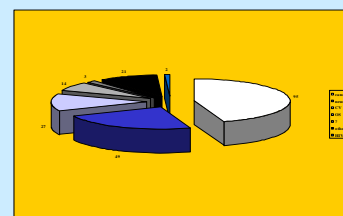


Fig. 3

In 10,5% of the cases, there is no incurable or lethal pathology, but a constellation of morbidities, happening for very old patients with disabling medical troubles (difficulty to walk around and to accomplish daily duties), making them dependent from the others and sometimes experienced as loss of dignity.

Most assistance occur at home (82,5%), when possible. Nursing homes may allow assisted suicide performed by EXIT-ADMD or prohibit this activity. In the cantons of Vaud and Geneva, the main public hospitals recently (september 2006) admitted assisted suicide, under certain conditions, especially the patient must be so ill that bringing him home would be impossible.

In Geneva, the first case of assisted suicide within the context of a hospital took place in December of 2006. The case was that of a young man having suffered from a malignant brain tumour for which he had undergone numerous and unsuccessful invasive treatments.

Most of the patients were, by the time of death, surrounded by their relatives, usually husband or wife, children or friends.

Something special in Switzerland is that the accompanying person must not necessarily be a doctor. Indeed, when in 1942 the Swiss penal code first became operative, the article 115 was created for cases when people helped someone else to practice suicide for motives linked to honour or heart break, and not at all in a medical concept, as it is nowadays applied. So, the doctor must, of course, release a prescription to allow the sodium pentobarbital to be obtained, but must not necessarily be present at the time of death.

The substance used by doctors and other accompanying persons from the association EXIT-ADMD is sodium pentobarbital (usually 10g), which assures a soft death. Its absorption is preceded by an anti-emetic, and associated or not with the absorption of alcohol, which seems to accelerate the active substance's gastric absorption.

Loss of consciousness appears quite soon (less than 10 minutes in 96% of the cases) (fig. 4) and death happens also very quick (less than 30 minutes for 79% of the patients) (fig 5):

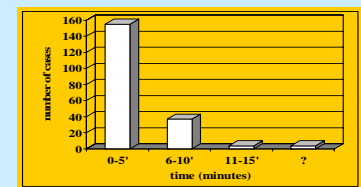


Fig. 4

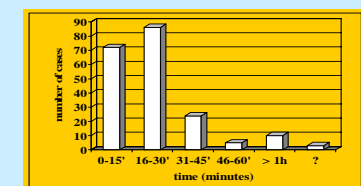


Fig. 5

Evolution of thinking allows better acceptance of this kind of decision by doctors. We observed that, by 50% of the cases, the doctor agreed with his patient's decision. By 31% of the cases, his opinion was on the opposite of the patient's one. By 19% of the case, the doctor didn't show his opinion on the subject.

Conclusion

The number of assisted suicide's cases grows constantly since a few years in the French part of Switzerland. This is a reflection of a request, especially from older people, for whom suggested alternatives (palliative care, for example) are not sufficient or do not correspond with what they are waiting for.

This causes a dilemma between benevolence's duty and self-determination's respect, to which medical staff is confronted.

Somehow, we notice that, especially among medical staff, people awake to this problematic, leading to a better listening of the patient and a greater respect of everyone's own choices. We must however realise that assisted suicide's practice can clash people's ideas, according to their experience, their faith or their convictions. In particular, medical staff has been educated to care for patients, to relieve pain, to preserve lives but, under no circumstances, to bring a patient to death.