

Euthanasia Study

Though euthanasia is illegal in Hong Kong, the recent legalisation in Holland have sparked the once quiescent discussion in Hong Kong. While facing the intense suffering of the terminally ill, ending one's life by this seemingly compassionate but intentional act, remains a tempted and hidden option among the public or the medical profession. The study "Public and Doctors' Attitude Towards Euthanasia In Hong Kong" which performed by the City University researchers, aimed to probe into this hidden possibility. This report was now formally published and made available to the public. Its alarming result was headlined as "Euthanasia requests common" in South China Morning Post on 28 April , 2001. After thoroughly studied by our Society, the council had great reservation towards the conclusions drawn by the study and the newspaper. We will share with our reader the formal stand of our Society, which was also our response to SCMP.

Letter to South China Morning Post :

We are a professional society which consists of doctors who care for terminally ill patients. We would like to respond to the headline of SCMP of 28 April, 2001 entitled "Euthanasia requests common". We write to clarify the confusing terminology and definition of different decision making processes in the care of the terminally ill. The definition of Euthanasia as quoted by the researchers in the study was not the same as that adopted in most parts of the world, including Hong Kong. It embraced conditions that were not, and that should not be considered as Euthanasia. Results and conclusions drawn from this study could be unreliable and misleading to the public. Hence, discussion based on these doubtful figures can be dangerous.

Euthanasia is defined in most part of the world as " direct intentional killing of a person as part of medical care being offered". A similar definition is also adopted in Holland where euthanasia was recently legalised.

Among the terminally ill patients, several types of medical decision were described, which bear different ethical meanings: 1. Mentally competent patients' refusal of treatment, 2. Withholding or withdrawing futile treatment and 3. Euthanasia.

The ethics of patient's refusal of treatment is based on patient's autonomy and his/her right for self determination. It is ethically and legally justifiable for a mentally competent patient to refuse any medical treatment, after considering all the information and explanations from his/her doctor . The rationale of withholding or withdrawing futile treatment in the terminally ill is based on the fact that treatment being withheld is futile and cannot achieve the desired medical goals. Continuation of such treatment may even bring more burden or discomfort to the patient. Patient may possibly deteriorate or even die, the cause of which is the irreversible clinical course of the illness, and not the withdrawal of treatment. The intention of such act is therefore not to kill, but to preserve the dignity of the dying patient by optimising his/her comfort. Therefore, withdrawing or withholding treatment in appropriate situation is not euthanasia. Contrarily, the intention and the nature of the act of euthanasia is always to kill the patient. Medical and legal fields over the world agree that the above three conditions are ethically and legally different.

Adopting a clear definition of terminology should be a prerequisite to elicit any reliable response in academic researches. Unfortunately, the definition of euthanasia adopted by this study has embraced all the above three categories of decision, which have totally different ethical implications. Conclusion drawn by the confusing definition of this study is unavoidably unreliable. Care for the dying certainly deserves more attention from the public. Decision making in the terminally ill is a sensitive but important topic. Appropriate discussion and debate in the community will positively bring more concern to our terminally ill patients. Clarifying and unifying the terminology will be the first step in setting the stage for future discussion. To facilitate a meaningful discussion in the public, we strongly urge that a formal and proper death education should be promoted among different sectors of the community.

Hong Kong Society of Palliative Medicine