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Euthanasia

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Hippocratic oath – against euthanasia

“To please no one will I prescribe a deadly drug nor give advice which may cause his death."

Definitions of Euthanasia

- **Euthanasia:** the intentional killing by act or omission of a dependent human being for his or her alleged benefit. (The key word here is "intentional". If death is not intended, it is not an act of euthanasia)
- **Voluntary euthanasia:** When the person who is killed has requested to be killed.
- **Non-voluntary:** When the person who is killed made no request and gave no consent.
- Involuntary euthanasia: When the person who is killed made an expressed wish to the contrary.
- **Assisted suicide:** Someone provides an individual with the information, guidance, and means to take his or her own life with the intention that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called "physician assisted suicide."
- **Euthanasia By Action**: Intentionally causing a person's death by performing an action such as by giving a lethal injection.
- **Euthanasia By Omission:** Intentionally causing death by not providing necessary and ordinary (usual and customary) care or food and water.

What Euthanasia is NOT: There is no euthanasia unless the death is intentionally caused by what was done or not done. Thus, some medical actions that are often labeled "passive euthanasia" are no form of euthanasia, since the intention to take life is lacking. These acts include not commencing treatment that would not provide a benefit to the patient, withdrawing treatment that has been shown to be ineffective, too burdensome or is unwanted, and the giving of high doses of pain-killers that may endanger life, when they have been shown to be necessary. All those are part of good medical practice, endorsed by law, when they are properly carried out.

http://www.euthanasia.com/definitions.html

Classification of Euthanasia

Euthanasia by consent

Euthanasia may be conducted with consent (voluntary euthanasia) or without consent (involuntary euthanasia). Involuntary euthanasia is conducted where an individual makes a decision for another person incapable of doing so. The decision can be made based on what the incapacitated individual would have wanted, or it could be made on substituted judgment of what the decision maker would want were he or she in the incapacitated person's place, or finally, the decision could be made by assessing objectively whether euthanasia is the most beneficial course of treatment. In any case, euthanasia by proxy consent is highly controversial, especially because multiple proxies may claim the authority to decide for the patient and may or may not have explicit consent from the patient to make that decision.[6]

Euthanasia by means

Euthanasia may be conducted passively, non-actively, and actively. Passive euthanasia entails the withholding of common treatments (such as antibiotics, chemotherapy in cancer, or surgery) or the distribution of a medication (such as morphine) to relieve pain, knowing

that it may also result in death (principle of double effect). Passive euthanasia is the most accepted form, and it is a common practice in most hospitals. Non-active euthanasia entails the withdrawing of life support and is more controversial. Active euthanasia entails the use of lethal substances or forces to kill and is the most controversial means. An individual may use a euthanasia machine to perform euthanasia on himself / herself.

Other terminology

A coup de grâce is a "death blow" given to end the misery of a dying enemy or friend, or that precipitates the final destruction of an entity such as a ship or business.
Voluntary refusal of food and fluids (VRFF) or Patient Refusal of Nutrition and Hydration (PRNH) is bordering on euthanasia. Some authors classify it as a form of passive euthanasia,[9] while others treat it separately because it is treated differently from legal point of view and often perceived as a more ethical option[10]. VRFF is sometimes suggested as a legal alternative to euthanasia in jurisdictions disallowing euthanasia.

History

The term euthanasia comes from the Greek words "eu"-meaning good and "thanatos"-meaning death, which combined means “well-death” or "dying well". Hippocrates mentions euthanasia in the Hippocratic Oath, which was written between 400 and 300 B.C. The original Oath states: “To please no one will I prescribe a deadly drug nor give advice which may cause his death.”[12] Despite this, the ancient Greeks and Romans generally did not believe that life needed to be preserved at any cost and were, in consequence, tolerant of suicide in cases where no relief could be offered to the dying or, in the case of the Stoics and Epicureans, where a person no longer cared for his life.[6][13]
English Common Law from the 1300s until the middle of the last century made suicide a criminal act in England and Wales. Assisting others to kill themselves remains illegal in that jurisdiction. However, in the 1500s, Thomas More, in describing a utopian community, envisaged such a community as one that would facilitate the death of those whose lives had become burdensome as a result of "torturing and lingering pain".[6][14]

Modern history

Since the 19th Century, euthanasia has sparked intermittent debates and activism in North America and Europe. According to medical historian Ezekiel Emanuel, it was the availability of anesthesia that ushered in the modern era of euthanasia. In 1828, the first known anti-euthanasia law in the United States was passed in the state of New York, with many other localities and states following suit over a period of several years.[15] After the Civil War, voluntary euthanasia was promoted by advocates, including some doctors.[16] Support peaked around the turn of the century in the US and then grew again in the 1930s.
In an article in the Bulletin of the History of Medicine, Brown University historian Jacob M. Appel documented extensive political debate over legislation to legalize physician-assisted suicide in both Iowa and Ohio in 1906.[17] Appel indicates social activist Anna S. Hall was the driving force behind this movement.[17] Leading public figures, including Clarence Darrow and Jack London, advocated for the legalization of euthanasia.[18]
Euthanasia societies[which?] were formed in England in 1935 and in the USA in 1938 to promote euthanasia. Although euthanasia legislation did not pass in the USA or England, in 1937, doctor-assisted euthanasia was declared legal in Switzerland as long as the doctor ending the life had nothing to gain.[12][19] During this same era, US courts tackled cases

involving critically ill people who requested physician assistance in dying as well as “mercy killings”, such as by parents of their severely disabled children.

Nazi Germany

"Of course, I had always known that the use of the term 'euthanasia' by the Nazi killers was a euphemism to camouflage their murder of human beings they had designated as 'life unworthy of life'; that their aim was not to shorten the lives of persons with painful terminal diseases but to kill human beings they considered inferior, who could otherwise have lived for many years."

— The Origins of Nazi Genocide: From Euthanasia to the Final Solution, Henry Friedlander, UNC Press, 1997

Prior to and during World War II, Nazi Germany conducted a euphemistically[20] named "euthanasia program",[21] code-named Action T4. This program was based on eugenics and grounded in the view that the state is responsible for providing racial hygiene.[22][23][24] Even though this program was referred to as an "euthanasia program", the Nazi German use of the term euthanasia differs from the common current view and use of the term.[24][25]

Post-War history

In the Western sphere, judges were often lenient in mercy-killing cases despite continuing religious opposition.[26] During the post-war period, prominent proponents of euthanasia included Glanville Williams (The Sanctity of Life and the Criminal Law) and clergyman Joseph Fletcher ("Morals and medicine"). By the 1960s, advocacy for a right-to-die approach to voluntary euthanasia increased.

Euthanasia around the world

Australia

In 1995, the world's first euthanasia legislation, the Rights of the Terminally Ill Act 1995, was passed in the Northern Territory of Australia.[27] Four patients died under the Act, using a euthanasia device designed by Dr Philip Nitschke. The legislation was overturned in 1997 by Australia’s Federal Parliament in 1997.[6][12][19] In response to the overturning of the Act, Dr Nitschke founded EXIT International.

China and Hong Kong

While active euthanasia remains illegal in China, it is gaining increasing acceptance among doctors and the general populace.[31]

In Hong Kong, support for euthanasia among the general public is higher among those who put less importance on religious belief, those who are non-Christian, those who have higher family incomes, those who have more experience in taking care of terminally ill family members, and those who are older.[32]

Arguments for and against voluntary euthanasia

Since World War II, the debate over euthanasia in Western countries has centered on voluntary euthanasia (VE) within regulated health care systems. In some cases, judicial

decisions, legislation, and regulations have made VE an explicit option for patients and their guardians.[33] Proponents and critics of such VE policies offer the following reasons for and against official voluntary euthanasia policies:

Reasons given for voluntary euthanasia

Choice: Proponents of VE emphasize that choice is a fundamental principle for liberal democracies and free market systems.[6]
Quality of Life: The pain and suffering a person feels during a disease, even with pain relievers, can be incomprehensible to a person who has not gone through it. Even without considering the physical pain, it is often difficult for patients to overcome the emotional pain of losing their independence. [6]
Economic costs and human resources: Today in many countries there is a shortage of hospital space. The energy of doctors and hospital beds could be used for people whose lives could be saved instead of continuing the life of those who want to die which increases the general quality of care and shortens hospital waiting lists. It is a burden to keep people alive past the point they can contribute to society, especially if the resources used could be spent on a curable ailment.[34]

Reasons given against voluntary euthanasia

Professional role: Critics argue that voluntary euthanasia could unduly compromise the professional roles of health care employees, especially doctors. They point out that European physicians of previous centuries traditionally swore some variation of the Hippocratic Oath, which in its ancient form excluded euthanasia: "To please no one will I prescribe a deadly drug nor give advice which may cause his death.." However, since the 1970s, this oath has largely fallen out of use.
Moral/Theological: Some people, including many Christians, consider euthanasia of some or all types to be morally unacceptable.[6] This view usually treats euthanasia to be a type of murder and voluntary euthanasia as a type of suicide, the morality of which is the subject of active debate.
Necessity: If there is some reason to believe the cause of a patient's illness or suffering is or will soon be curable, the correct action is sometimes considered to attempt to bring about a cure or engage in palliative care.[6]
Feasibility of implementation: Euthanasia can only be considered "voluntary" if a patient is mentally competent to make the decision, i.e., has a rational understanding of options and consequences. Competence can be difficult to determine or even define.[6]

Consent under pressure: Given the economic grounds for voluntary euthanasia (VE), critics of VE are concerned that patients may experience psychological pressure to consent to voluntary euthanasia rather than be a financial burden on their families. [35] Even where health costs are mostly covered by public money, as in various European countries, VE critics are concerned that hospital personnel would have an economic incentive to advise or pressure people toward euthanasia consent.[36]

Euthanasia and religion

Buddhism

There are many different views among Buddhists on the issue of euthanasia, but many are critical of the procedure.
In Theravada Buddhism a lay person daily recites the simple formula: "I undertake the precept to abstain from destroying living beings."[37] For Buddhist monastics (bhikkhu) however the rules are more explicitly spelled out. For example, in the monastic code (Patimokkha), it states:
"Should any bhikkhu intentionally deprive a human being of life, or search for an assassin for him, or praise the advantages of death, or incite him to die (thus): 'My good man, what use is this wretched, miserable life to you? Death would be better for you than life,' or with such an idea in mind, such a purpose in mind, should in various ways praise the advantages of death or incite him to die, he also is defeated and no longer in communion."[38]

Catholicism

The declaration on Euthanasia is the Roman Catholic Church's official document on the topic of euthanasia, a statement that was issued as by the Sacred Congregation for the Doctrine of the Faith in 1980.[39]
Catholic teaching condemns euthanasia as a "crime against life".[40] The teaching of the Catholic Church on euthanasia rests on several core principles of Catholic ethics, including the sanctity of human life, the dignity of the human person, concomitant human rights, due proportionality in casuistic remedies, the unavoidability of death, and the importance of charity.[39]

Protestantism

Protestant denominations vary widely on their approach to euthanasia and physician assisted death. Since the 1970s, Evangelical churches have worked with Roman Catholics on a sanctity of life approach, though some Evangelicals may be adopting a more exceptionless opposition. While liberal Protestant denominations have largely eschewed euthanasia, many individual advocates (e.g., Joseph Fletcher) and euthanasia society activists have been Protestant clergy and laity. As physician assisted dying has obtained greater legal support, some liberal Protestant denominations have offered religious arguments and support for limited forms of euthanasia.

Hinduism

There are two Hindu points of view on euthanasia. By helping to end a painful life a person is performing a good deed and so fulfilling their moral obligations. On the other hand, by helping to end a life, even one filled with suffering, a person is disturbing the timing of the cycle of death and rebirth. This is a bad thing to do, and those involved in the euthanasia will take on the remaining karma of the patient. However, the same argument suggests that keeping a person artificially alive on a life-support machines would also be a bad thing to do.[41]

Islam

Islam categorically forbids all forms of suicide and any action that may help another to kill themselves.[42] [43] It is forbidden for a Muslim to plan, or come to know through self-will, the time of his own death in advance[44]. The precedent for this comes from the Islamic prophet Muhammad having refused to bless the body of a person who had committed suicide. If an individual is suffering from a terminal illness, it is permissible for the individual to refuse medication and/or resuscitation. Other examples include individuals suffering from kidney failure who refuse dialysis treatments and cancer patients who refuse chemotherapy.

Jainism

Mavavira Varadhmana explicitly allows a sharavak (follower of Jainism) full consent to put an end to his or her life if the sharavak feels that such a stage is near that moksha can be achieved this way. Liberation from the cycles of lives being the primary objective in the religion.

Judaism

Like the trend among Protestants, Jewish medical ethics have become divided, partly on denominational lines, over euthanasia and end of life treatment since the 1970s. Generally, Jewish thinkers oppose voluntary euthanasia, often vigorously,[45] though there is some backing for voluntary passive euthanasia in limited circumstances.[46] Likewise, within the Conservative Judaism movement, there has been increasing support for passive euthanasia (PAD)[47] In Reform Judaism responsa, the preponderance of anti-euthanasia sentiment has shifted in recent years to increasing support for certain passive euthanasia (PAD) options.

The Samurai tradition

The samurai ritual of seppuku is analogous to euthanasia, in that an assistant would behead the suicide after the suicide had fatally stabbed themselves in order to bring death swiftly and reduce the time the suicide was in pain. It was thus a form of voluntary euthanasia, or mercy killing. In line with Buddhist thinking, the seppuku ritual laid great emphasis on the suicide having a peaceful mind during the action.[48]

Shinto

In Japan, where the dominant religion is Shinto, 69% of the religious organisations agree with the act of voluntary passive euthanasia.[49] The corresponding figure was 75% when the family asked for it. In Shinto, the prolongation of life using artificial means is a disgraceful act against life.[49] Views on active euthanasia are mixed, with 25% Shinto and Buddhist organisations in Japan supporting voluntary active euthanasia.

Euthanasia protocol

A euthanasia device invented by Dr Philip Nitschke that facilitated euthanasia through heavy doses of drugs. The laptop screen led the user through a series of steps and questions to ensure he or she was fully prepared. The machine in a museum.

Euthanasia can be accomplished either through an oral, intravenous, or intramuscular administration of drugs, or by oxygen deprivation (anoxia), as in some euthanasia machines. In individuals who are incapable of swallowing lethal doses of medication, an intravenous route is preferred. The following is a Dutch protocol for parenteral (intravenous) administration to obtain euthanasia:

Intravenous administration is the most reliable and rapid way to accomplish euthanasia. A coma is first induced by intravenous administration of 20 mg/kg sodium thiopental (Nesdonal) in a small volume (10 ml physiological saline). Then a triple intravenous dose of a non-depolarizing neuromuscular muscle relaxant is given, such as 20 mg pancuronium bromide (Pavulon) or 20 mg vecuronium bromide (Norcuron). The muscle relaxant should preferably be given intravenously, in order to ensure optimal availability. Only for pancuronium bromide (Pavulon) are there substantial indications that the agent may also be given intramuscularly in a dosage of 40 mg.[50]

With regards to nonvoluntary euthanasia, the cases where the person could consent but was not asked are often viewed differently from those where the person could not consent. Some people raise issues regarding stereotypes of disability that can lead to non-disabled or less disabled people overestimating the person's suffering, or assuming it to be unchangeable when it could be changed. For example, many disability rights advocates responded to Tracy Latimer's murder by pointing out that her parents had refused a hip surgery that could have greatly reduced or eliminated the physical pain Tracy experienced. Also, they point out that a severely disabled person need not be in emotional pain at their situation, and claim that the emotional pain, if present, is due to societal prejudice rather than the disability, analogous to a person of a particular ethnicity wanting to die because they have internalized negative stereotypes about their ethnic background. Another example of this is Keith McCormick, a New Zealander Paralympian who was "mercy-killed" by his caregiver, and Matthew Sutton.[51][52]

With regards to voluntary euthanasia, many people argue that 'equal access' should apply to access to suicide as well, so therefore disabled people who cannot kill themselves should have access to voluntary euthanasia.

Euthanasia and the law

Efforts to change government policies on euthanasia in the 20th century have met limited success in Western countries. Euthanasia policies have also been developed by a variety of NGOs, most notably medical associations and advocacy organizations.

Euthanasia law by country

Albania

Euthanasia was legalized in Albania in 1999, it was stated that any form of voluntary euthanasia was legal under the rights of the terminally ill act of 1995. Passive euthanasia is considered legal should three or more family members consent to the decision. Albania's euthanasia policy has been controversial among life groups and the Catholic Church, but due to other more prominent countries also legalizing forms of euthanasia, it has met a more relaxed world attitude to the matter.

Resources: Bardhyl Çipi, Department of Forensic Medicine, Faculty of Medicine, Tirana University. Some philosophical, juridical and bioethical problems of end of life: death criterion and euthanasia. A paper analyzing the situation in Albania. From The third international symposium on bioethics, Ukraine, Kyiv, April 2004.

Australia

Euthanasia was legalized in Australia's Northern Territory, by the Rights of the Terminally Ill Act 1995. Soon after, the law was voided by an amendment by the Commonwealth to the Northern Territory (Self-Government) Act 1978.[1] The powers of the Northern Territory legislature, unlike those of the State legislatures, are not guaranteed by the Australian constitution. However, before the Commonwealth government made this amendment, three people had already practiced legal voluntary euthanasia (PAS), aided by Dr Philip Nitschke. The first person was a carpenter, Bob Dent, who died on 22 September 1996.

Belgium

The Belgian parliament legalized euthanasia in late September 2002. Proponents of euthanasia state that prior to the law, several thousand illegal acts of euthanasia were carried out in Belgium each year. According to proponents, the legislation incorporated a complicated process, which has been criticized as an attempt to establish a "bureaucracy of death".

Canada

Living wills, Passive Euthanasia, are a legal dilemma. Documents which set out guidelines for dealing with life-sustaining medical procedures are under the Provinces control, in Ontario under the Health Care Consent Act, 1996. Living wills would, for example inform medical staff not to provide extraordinary life-preserving procedures on their bodies if they are incapable of expressing themselves and suffering from an incurable and terminal condition, or treatable and expressing themselves. Passive Euthanasia can include starvation or de-hydration, or any life-preserving procedures. Patients do not have to be informed if they are deemed "Incapable", even if they speak and respond, by the medical staff. Their legal representative (Wife-Relation) does not have to be advised or evaluated as capable when invoked in medical emergencies.

India

In a first step towards legalising euthanasia, The Law Commission of India, Ministry of Law and Justice has decided to recommend to the Indian Government to allow terminally ill to end their lives.[3]

Japan

The Japanese government has no official laws on the status of euthanasia and the Supreme Court of Japan has never ruled on the matter. Rather, to date, Japan's euthanasia policy has been decided by two local court cases, one in Nagoya in 1962, and another after an incident at Tokai University in 1995. The first case involved "passive euthanasia" (i.e., allowing a patient to die by turning off life support) and the latter case involved "active euthanasia" (e.g., through injection). The judgments in these cases set forth a legal framework and a set of conditions within which both passive and active euthanasia could be legal. Nevertheless, in both of these particular cases the doctors were found guilty of violating these conditions when taking the lives of their patients. Further, because the findings of these courts have yet to be upheld at the national level, these precedents are not necessarily binding. Nevertheless, at present, there is a tentative legal framework for implementing euthanasia in Japan.[4]

In the case of passive euthanasia, three conditions must be met:

1. the patient must be suffering from an incurable disease, and in the final stages of the disease from which he/she/ is unlikely to make a recovery;
2. the patient must give express consent to stopping treatment, and this consent must be obtained and preserved prior to death. If the patient is not able to give clear consent, their consent may be determined from a pre-written document such as a living will or the testimony of the family;
3. the patient may be passively euthanized by stopping medical treatment, chemotherapy, dialysis, artificial respiration, blood transfusion, IV drip, etc.

For active euthanasia, four conditions must be met:

1. the patient must be suffering from unbearable physical pain;
2. death must be inevitable and drawing near;
3. the patient must give consent. (Unlike passive euthanasia, living wills and family consent will not suffice.)
4. the physician must have (ineffectively) exhausted all other measures of pain relief.

Luxembourg

The country's parliament passed a bill legalizing euthanasia on 20 February 2008 in the first reading with 30 of 59 votes in favour. On 19 March 2009, the bill passed the second reading, making Luxembourg the third European Union country, after the Netherlands and Belgium, to decriminalise euthanasia. Terminally ill people will be able to have their lives ended after receiving the approval of two doctors and a panel of experts (Err/Huss law in french [5])

The Netherlands

In 2002, The Netherlands legalized euthanasia including physician assisted suicide. The law codified a twenty year old convention of not prosecuting doctors who have committed euthanasia in very specific cases, under very specific circumstances. The Ministry of Public Health, Wellbeing and Sports claims that this practice "allows a person to end their life in dignity after having received every available type of palliative care."[6]
The United Nations has reviewed and commented on the Netherlands euthanasia law.[7]

New Zealand

Euthanasia is illegal in New Zealand and two attempts at passing Bills thought Parliament have been made to give it legal standing.

Switzerland

In Switzerland, deadly drugs may be prescribed to a Swiss person or to a foreigner, where the recipient takes an active role in the drug administration. More generally, article 115 of the Swiss penal code, which came into effect in 1942 (having been written in 1918), considers assisting suicide a crime if and only if the motive is selfish.

Thailand

Thailand's National Health Act BE 2550 (2007) has come into force as of 20 March 2007. Such Act contains the provisions in relation to euthanasia as follows, with the pertained provisions:[8]
Section 12. A person shall have right to express in a written form the intention not to receive the public health service as provided for prolonging the death in the final stage of his or her life or for extinguishing the sufferings occurred from illness.
The performances according to the written document under Paragraph One shall be in accordance with the rule and procedure as prescribed in the Ministerial Regulations.
After the medical practitioner has followed the intention of the person under Paragraph, such performance shall not be deemed wrongful and he shall be exempted from all liabilities.
Section 3. In this Act:

"public health service" means all services concerning the enhancement of health, the protection and monitor of illness and homininoxious factors, the exploration and therapy of illness and the rehabilitation of the capability of person, family and community;
"medical practitioner" means a medical practitioner under the law on xenodochium.
Section 4. The Prime Minister and the Minister of Public Health shall have charge and control of the execution of this Act, and shall have power to issue Ministerial Regulations in order to comply with this Act.
Such Ministerial Regulations shall come into force upon their publication in the Government Gazette.

The United Kingdom

Euthanasia is illegal in the United Kingdom. Any person found to be assisting suicide is breaking the law and can be convicted of assisting suicide or attempting to do so (i.e. if a doctor gives a patient in great pain a bottle of morphine to take (to commit suicide) when the pain gets too great).[9][10] Although two-thirds of Britons think it should be legal, in 2004 the 'Assisted Dying for the Terminally-Ill Bill' was rejected in the lower political chamber, the House of Commons, by a 4-1 margin. Currently, Dr Nigel Cox is the only British doctor to have been convicted of attempted euthanasia. He was given a 12 month suspended sentence in 1992.[11] The principle of double effect is however firmly established. In 1957 Judge Devlin in the trial of Dr John Bodkin Adams ruled that causing death through the administration of lethal drugs to a patient, if the intention is solely to alleviate pain, is not considered murder even if death is a potential or even likely outcome.[12]

United States

Main article: Euthanasia in the United States
Active euthanasia is illegal in most of the United States. Patients retain the rights to refuse medical treatment and to receive appropriate management of pain at their request (passive euthanasia), even if the patients' choices hasten their deaths. Additionally, futile or disproportionately burdensome treatments, such as life-support machines, may be withdrawn under specified circumstances.
Non-governmental organizations
There are a number of historical studies about the thorough euthanasia-related policies of professional associations. In the Academy of Neurology (AAN).[13] In their analysis, Brody et al. found it necessary to distinguish such topics as euthanasia, physician-assisted suicide, informed consent and refusal, advance directives, pregnant patients, surrogate decision-making (including neonates), DNR orders, irreversible loss of consciousness, quality of life (as a criterion for limiting end-of-life care), withholding and withdrawing intervention, and futility. Similar distinctions presumably are found outside the U.S., as with the highly contested statements of the British Medical Association.[14][15]
On euthanasia (narrowly-defined here as directly causing death), Brody sums up the U.S. medical NGO arena:
The debate in the ethics literature on euthanasia is just as divided as the debate on physician-assisted suicide, perhaps more so. Slippery-slope arguments are often made, supported by claims about abuse of voluntary euthanasia in the Netherlands.... Arguments against it are based on the integrity of medicine as a profession. In response, autonomy and quality-of-life-base arguments are made in support of euthanasia, underscored by claims that when the only way to relieve a dying patient's pain or suffering is terminal sedation with loss

of consciousness, death is a preferable alternative -- an argument also made in support of physician-assisted suicide.[16]
Other NGOs that advocate for and against various euthanasia-related policies are found throughout the world. Among proponents, perhaps the leading NGO is the UK's Dignity in Dying, the successor to the (Voluntary) Euthanasia Society.[17] In addition to professional and religious groups, there are NGOs opposed to euthanasia[18] found in various countries.

Gesetze Sterbehilfe Niederlande

Das Gesetz sieht vor, dass Ärzte aktive Sterbehilfe leisten dürfen, wenn erstens ein Patient ein Verlangen nach Sterbehilfe unbeeinflusst, freiwillig, „wohlüberlegt“ und andauernd ausspricht. Zweitens muss der Arzt prüfen und bestätigen, dass der fragende Patient unerträglich und andauernd leidet und nicht zu heilen ist. Nach einem angemessenen Zeitraum des Gesprächs darf der Arzt dann aktive Sterbehilfe leisten, wenn er sich zuvor mit einem Kollegen beraten hat. Mit diesem Dialog, der ein enges Vertrauensverhältnis zwischen Arzt und Patient voraussetzt, sollen Kurzschlusshandlungen vermieden werden. Auch einem Sterbehilfe-Tourismus ähnlich der früheren Abtreibungsfahrten soll diese Gesprächszeit vorbeugen. Nach dem Tod des Patienten muss der Arzt den Fall einer Kommission melden, die aus einem Mediziner, einem Juristen und einem Ethiker besteht. Die Kommission prüft die Rechtmäßigkeit der Sterbehilfe und zeigt sie gegebenenfalls der Staatsanwaltschaft an. Das Gesetz legalisiert weder die Beihilfe zum Selbstmord noch die ungefragte Tötung eines Schwerkranken. Sterbehilfe darf nur ein Arzt leisten, Krankenschwestern oder Verwandte machen sich strafbar.

Patientenrechte

Unter der Überschrift „Wir machen uns stark dafür“ veröffentlichten die Deutsche Krebsgesellschaft und ihre Ländergesellschaften im Juni 2002 die Patientenrechte in Europa, die im gleichen Monat von allen Europäischen Krebsvereinigungen in Oslo beschlossen worden waren.

Krebspatienten haben das Recht auf

1. körperliche und psychische Unversehrtheit, Würde, Respekt ihrer Privatsphäre, Respektierung ihrer moralischen, kulturellen, philosophischen, ideologischen und religiösen Wertvorstellungen sowie darauf, nicht diskriminiert zu werden.
2. medizinische Versorgung,
3. Information,
4. Selbstbestimmung,
5. Vertraulichkeit und Schutz der Privatsphäre.
6. Sie haben die Verantwortung, sich aktiv an ihrer Diagnose, Prognose, Behandlung zu beteiligen.

7. Wo ihre Rechte nicht respektiert werden, sollten sie in die Lage versetzt werden, eine Beschwerde einzureichen.
8. Die Ausübung dieser Rechte muss ohne Diskriminierung gewährleistet sein.

Zum Recht auf „Selbstbestimmung am Ende des Lebens“ gibt es in Europa noch unterschiedliche Gesetze (Holland). Deshalb veröffentlichten Brigitte Zypries, Bundesministerin für Justiz, und Ulla Schmidt, Bundesministerin für Gesundheit und Soziale Sicherung, im Juli 2003 die Patientenrechte in Deutschland.

Darin heißt es:
Patienten, die entscheidungsfähig sind, können den Behandlungsabbruch oder das Unterlassen lebensverlängernder Maßnahmen verlangen. Passive Sterbehilfe ist erlaubt, wenn ein Patient bei vollem Bewusstsein sich diese wünscht. Bei Patienten, die nicht mehr entscheidungsfähig sind, muss der mutmaßliche Wille durch den Arzt ermittelt werden. Frühere schriftliche oder mündliche Äußerungen und persönliche Wertvorstellungen sind dabei zu berücksichtigen. Dagegen darf bei keinem Patienten eine gezielte Lebensverkürzung durch Maßnahmen erfolgen, die den Tod herbeiführen oder das Sterben beschleunigen. Aktive Sterbehilfe ist in Deutschland verboten.

Vorsorglich können Patienten im Rahmen einer sogenannten Patientenverfügung auf lebenserhaltende oder lebensverlängernde Maßnahmen verzichten. Der in einer Patientenverfügung niedergelegte Wille ist für den Arzt bindend. Im Einzelfall muss der Arzt bei einer Patientenverfügung genau prüfen, ob die konkrete Situation derjenigen entspricht, die sich der Patient beim Abfassen der Verfügung vorgestellt hatte. Der Einzelfall kann damit zum Streitfall werden. Hier gibt es noch Klärungsbedarf.

http://www.mensch-und-krebs.de/modules.php?op=modload&name=PagEd&file=index&topic_id=33&page_id=13

Right to die

The term "right to die" refers to various issues related to the decision of whether an individual who could continue to live with the aid of life support, or in a diminished or enfeebled capacity, should be allowed to die. In some cases, it refers to the idea that a person with a terminal illness and in serious condition should be allowed to commit suicide before death would otherwise occur. The concept is often referred to as dying with dignity. The question of who–if anyone–should be empowered to make these decisions is often central to the debate.

Legal documents

Most often, the idea of the right to die is related to a person's wish that caregivers allow death—for example, by not providing life support or vital medication—under certain conditions when recovery is highly unlikely or impossible. It may also refer to issues regarding physician-assisted suicide. It may be called passive euthanasia in cases where the patient is unable to make decisions about treatment. Living wills and Do Not Resuscitate orders are legal instruments that make a patient's treatment decisions known ahead of time; allowing a patient to die based on such decisions is not considered to be euthanasia. Usually these patients have also made explicit their wish to receive only palliative care to reduce pain and suffering.

Although specialized legal instruments differ from place to place, there are two more that are important in this context. The Five Wishes document allows a person to state in advance the priorities and values they wish to have honored at the end of life. And the Medical Durable Power of Attorney (or MDPOA) designates an agent to make decisions in case of incapacity, and can be used to give written guidance regarding end of life decision making. The MDPOA is generally considered to be the most powerful of all such instruments. All others may require interpretation on the part of health care providers or even court-appointed guardians; the MDPOA takes the job of interpretation out of the hands of strangers and gives it to a person selected and trusted by the individual.

Ethics

A debate exists among ethicists whether the right to die is universal, or only applies under certain circumstances--such as terminal illness. A court in the American state of Montana, for example, has found that the right to die applies to those with life-threatening medical conditions. Suicide advocate Ludwig Minelli and bioethics professor Jacob Appel, in contrast, argue that all competent people have a right to end their own lives.[1] Appel has suggested that the right to die is a useful litmus test for the overall freedom of a given society.[

Statistik zur Akzeptanz der Sterbehilfe

Akzeptanz der Sterbehilfe in der Bevölkerung

Die Akzeptanz der Sterbehilfe in der deutschen Bevölkerung ist seit 1987 fast gleich bleibend hoch.
Jeweils rund 70 bis 80 Prozent der Bürger sind der Auffassung, dass Sterbehilfe bei unheilbar Kranken erlaubt sein sollte. Dies ist aus einer Aufstellung der repräsentativen Meinungsumfragen ersichtlich, die die Deutsche Gesellschaft für Humanes Sterben (DGHS) seit 1987 regelmäßig in Auftrag gibt. Befragt wurden dabei jeweils rund 1.000 Menschen über 14 Jahren.
Sollte Sterbehilfe erlaubt sein?*

	1987	1989	1990	1991	1992	1993	1994	1997	1998	1999	2000
Ja	**79 %**	**68 %**	**72 %**	**71 %**	**74 %**	**68 %**	**76 %**	**77 %**	**64 %**	**78 %**	**81 %**

Nein	**21 %**	**32 %**	**27 %**	**27 %**	**24 %**	**30 %**	**23 %**	**16 %**	**19 %**	**12 %**	**12 %**

Die hohe Akzeptanz der Sterbehilfe für unheilbar Kranke seit den 80er Jahren – sie liegt zwischen 64 und 81 Prozent – zeigt der DGHS, dass sie mit ihrem Engagement für ein selbstbestimmtes Leben und Sterben dem Wunsch des Großteils der Bevölkerung entspricht. Auch die von der DGHS seit langem geforderte klare gesetzliche Regelung der Sterbehilfe wird von den deutschen Bundesbürgern mehrheitlich befürwortet: Zwischen 58 und 74 Prozent sprachen sich für eine solche Regelung aus.
Sind Sie für eine gesetzliche Regelung?

	1987	**1990**	**1991**	**1994**	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**
Ja	**74 %**	**62 %**	**63 %**	**68 %**	**64 %**	**63 %**	**58 %**	**71 %**	**75 %**	**82 %**
Nein	**26 %**	**37 %**	**35 %**	**31 %**	**30 %**	**20 %**	**34 %**	**24 %**	**22 %**	**15 %**

Dem sensiblen Thema Freitod bei einer unheilbaren, qualvollen Krankheit, steht gut die Hälfte der Bundesbürger nicht ablehnend gegenüber: Zwischen 46 und 57 Prozent würden diesen Weg für sich persönlich in Betracht ziehen.
Würden Sie Freitod für sich selbst befürworten?*

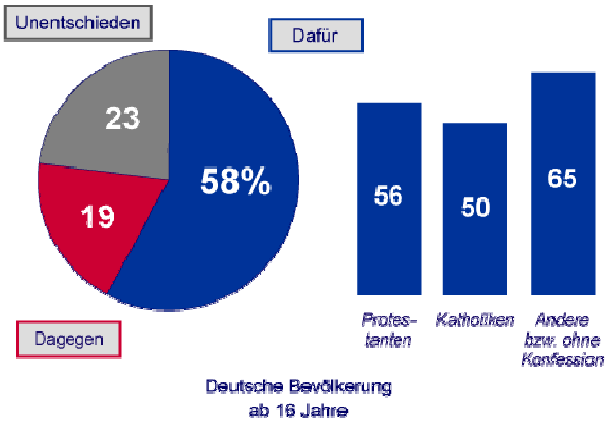
	1990	**1991**	**1994**	**1997**	**1998**	**1999**	**2000**
Ja	**57%**	**55%**	**64%**	**46%**	**51%**	**48%**	**51%**
Nein	**39%**	**42%**	**33%**	**38%**	**25%**	**31%**	**33%**

*) An 100 % fehlende Angaben: weiß nicht/k.A.
Für die DGHS sind diese Zahlen eine Bestätigung ihrer Arbeit – und ein Ansporn, weiter für Selbstbestimmung, Menschenrechte und Wurde bis zur letzten Lebensminute zu kämpfen.
Deutsche Gesellschaft für Humanes Sterben e.V., Lange Gasse 2-4,
86030 Augsburg, Tel. 08 21/50 23 50, Fax 08 21/5 02 35-55
E-Mail: info@dghs.de. Internet: www.dghs.de

http://www.ifd-allensbach.de/news/prd_0814.html

Aktive Sterbehilfe – Pro und Kontra

Frage: "Zurzeit wird ja viel über aktive Sterbehilfe diskutiert. Das bedeutet, dass man das Leben schwerkranker Menschen, die keine Chance mehr zum Überleben haben und große Schmerzen erdulden müssen, auf deren eigenen Wunsch hin beendet. Sind Sie für oder gegen die aktive Sterbehilfe?"

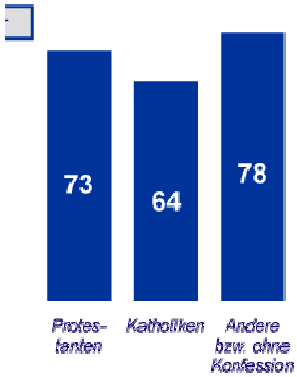


Deutsche Bevölkerung ab 16 Jahre

Quelle: Allensbacher Archiv, IfD-Umfrage 10023, Juli 2008

– Pro und Kontra

...ssiver Sterbehilfe. Das bedeutet, ...e Maßnahmen einstellt, wenn der ...s er das wünscht. Sind Sie für oder ...ehilfe?"



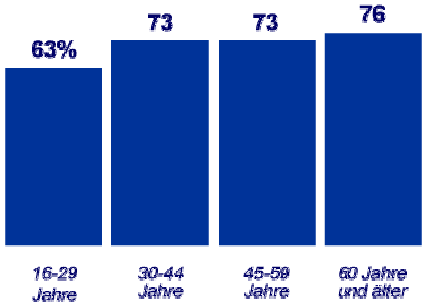
...ölkerung
...hre

...li 2008

...lfe

Jahre

Für passive Sterbehilfe



Deutsche Bevölkerung ab 16 Jahre

Quelle: Allensbacher Archiv, IfD-Umfrage 10023, Juli 2008

The State's costs

The average cost for an animal shelter to euthanize an animal is about $15. At a vet's office, the cost can range anywhere from free to over $100. My dog got really old and was cancer-stricken and I had her euthanized and the vet charged me $50 on top of an office visit.

As for humans, different story. Some say to execute one death row inmate costs the state anywhere from $10,000 to $30,000 an execution. It's still by far cheaper to execute than it is to house them for 40 years or more.

http://wiki.answers.com/Q/What_is_the_cost_of_euthanasia

Vorschlag für gesetzliche Regelung

- Recht auf Tod für jeden Menschen
- der Wunsch des Patienten, sterben zu wollen, muss klar sein
- ein Patient, der bei Bewusstsein ist, muss diesen Wunsch z. B. vor zwei Ärzten und einem Notar äußern
- wenn jemand nicht bei Bewusstsein ist, könnte er vorher in einer Patientenverfügung festlegen, in welchen Fällen er getötet werden soll und in welchen nicht.
- Wenn keine Patientenverfügung vorhanden ist und der Patient nicht bei Bewusstsein ist, müssen die nahen Angehörigen, soweit vorhanden,entscheiden.
- Es ist den Angehörigen hingegen nicht möglich, die Sterbehilfe zu veranlassen, wenn es gegen den Wunsch des Patienten verstößt.

Animal Euthanasia

CRITERIA FOR EUTHANASIA

Euthanasia of animals is expected if animals demonstrate the conditions listed below. Pain or discomfort in the animals should be minimized.

1. **Weight loss:** loss of 20-25% (depending on attitude, weight recorded at time of arrival, and age: growing animals may not lose weight, but may not gain normally) or if not measured, characterized by cachexia and muscle wasting.
2. **Inappetance:** complete anorexia for 24 hours in small rodents, up to 5 days in large animals; partial anorexia (less than 50% of caloric requirement) for 3 days in small rodents, 7 days in large animals.
3. **Weakness/inability to obtain food or water:** Inability or extreme reluctance (Widerwille) to stand which lasts for 24 hours, assuming that the animal has recovered from anesthesia.
4. **Moribund state:** depression coupled with body temperature below 99 F, or non-responsive to stimulation, assuming that the animal has recovered from anesthesia.
5. **Infection:** infection involving any organ system (either overt, or indicated by increased body temperature or WBC parameters) which fails to respond to antibiotic therapy within an appropriate time and is accompanied by systemic signs of illness.

6. **Signs of severe organ system dysfunction non-responsive to treatment, or with a poor prognosis as determined by an RAR veterinarian:**
   Respiratory: dyspnea, cyanosis.
   Cardiovascular: blood loss or anemia resulting in hematocrit below 20%; one transfusion may be performed.
   Gastrointestinal: severe vomiting or diarrhea, obstruction, intussuception; peritonitis, evisceration (immediate euthanasia required).
   Urogenital: renal failure characterized by elevated BUN, creatinine or uroperitoneum.
   Nervous: CNS depression, seizures, paralysis of one or more extremities; pain unresponsive to analgesic therapy.
   Musculoskeletal: muscle damage, bone injury, locomotor defecits, etc. resulting in inability to use the limb, unless anticipated as part of the study.
   Integumentary: Non-healing wounds, repeated self-trauma, second or third degree heating pad burns.

http://www.ahc.umn.edu/rar/euthanasia.html

In keeping pets, we get both to love nature and to control nature; we want/need to love nature, but our culture directs us to control nature. We have taken the nature out of nature and with that, the responsibility for the mass execution of animals in county shelters is a responsibility shared by us all and not just the person holding the needle.

http://www.eatveg.com/deathcamp.htm

Zitate über Tod aus der Bild-Zeitung

„Just returned," explained Dr. Gaffney, while Bernard, whispering, made an appointment with the Head Mistress for that very evening, "from the Slough Crematorium. Death conditioning begins at eighteen months. Every tot spends two mornings a week in a Hospital for the Dying. All the best toys are kept there, and they get chocolate cream on death days. They learn to take dying as a matter of course.“
Zitat aus Brave New World von Aldous Huxley Kapitel 13
Gerade zurückgekommen," erklärte Dr Gaffney, während Bernard, flüsternd, eine Verabredung mit der Oberschwester für eben diesen Abend, ausmachte "vom Slough-Krematorium. Das Todeskonditionieren beginnt mit achtzehn Monaten. Jedes Kleinkind verbringt zwei Morgen pro Woche in einem Krankenhaus für das Sterben. Alle guten Spielsachen werden dort aufbewahrt, und sie bekommen Schokoladecreme an Todestagen. Sie lernen, das Sterben ganz selbstverständlich zu nehmen."

"Die Versuchung der Euthanasie ist eines der alarmierendsten Symptome für eine ´Kultur des Todes´,
Benedikt XVI
The temptation of the euthanasia is one of the most alarming symptoms for a ´culture of the death

„Der Wunsch, einen eigenen Tod zu haben, wird immer seltener. Eine Weile noch, und er wird ebenso selten sein wie ein eigenes Leben.”
Rainer Maria Rilke (1875-1926), östr. Dichter

„The wish to have an own death becomes rarer and rarer. Give it a while, and it will be as rare as an own life

„Niemand weiß, was der Tod ist, ob er nicht für den Menschen das größte ist unter allen Gütern. Sie fürchten ihn aber, als wüßten sie gewiß, daß er das größte Übel ist." Platon (427-347), griech. Philosoph
„Nobody knows what death is, maybe it is the biggest one under all goods for the human beings. However, they fear it as if they knew indeed that it is the biggest evil."

„Solange wir leben, kämpfen wir, solange wir kämpfen, ist es ein Zeichen, daß wir nicht unterlegen sind und der gute Geist in uns wohnt. Und wenn dich der Tod nicht als Sieger antrifft, soll er dich (wenigstens; d. Red.) als Kämpfer finden." Aurelius Augustinus (354-430), Bischof u. Kirchenlehrer
As long as we live, we fight, as long as we fight, it is a sign that we do not put under and that the good genius in us lives. And if death does not find you as a winner, he has to see you (at least; Ed.) as a fighter

Das Gegenteil von Leben ist nicht Tod, sondern die Gefühllosigkeit." - Elie Wiesel
The opposite of life is not death, but the insensitivity."

Sterben kann gar nicht so schwer sein – bisher hat es noch jeder geschafft. (Norman Mailer)
Death cannot be so difficult at all – up to now, everybody has still managed to die.

Nicht der Tod, sondern das Sterben beunruhigt mich.
Michel Eyquem de Montaigne
Not death, but the dying worrys me. Im not worried about death but worried about dying

Ist der tod nur ein Schlaf, wie kann dich das Sterben erschrecken? Hast du es je noch gespürt, wenn du des Abends entschliefst?
Hebbel, Christian Friedrich
Is death only one sleep, how can death frighten you? Have you ever felt it if you passed away in the evening?

Euthanasia Patients

1.Eluana Englaro

+Eluana Jolanda Giulia Englaro (* 25. November 1970 in Lecco; † 9. Februar 2009 in Udine) war eine italienische Koma-Patientin, die 1992 nach einem Unfall ins Koma fiel und 2009 nach 17 Jahren im Wachkoma starb.
Eluana Englaro war 21 Jahre alt, als sie am 18. Januar 1992 bei Glatteis mit ihrem Auto von der Straße abkam und frontal gegen eine Mauer prallte. Nach dem Unfall fiel sie ins Koma. Zwei Jahre später erklärten die Ärzte, ihr Zustand sei irreversibel. Seitdem kämpfte ihr Vater für das Sterberecht seiner Tochter. Ein Gericht in Mailand gab ihm Recht. Das Verfassungsgericht in Rom bestätigte diese Entscheidung im November 2008.
+Am 6. Februar 2009 versuchte der italienische Ministerpräsident Silvio Berlusconi mit einer Notverordnung, die vom Gericht bestätigte Beendigung der lebenserhaltenden Maßnahmen für Eluana Englaro zu verhindern. Staatspräsident Giorgio Napolitano erklärte jedoch, dass

er das Dokument aufgrund verfassungsrechtlicher Bedenken nicht unterzeichnen werde. Daraufhin bevollmächtigte ihre Familie die Ärzte, die künstliche Ernährung zu reduzieren, um sie bald ganz einzustellen. Eluana Englaro starb am 9. Februar 2009.
Der Vater der 38-Jährigen hatte am Sonntag Bedauern über die Intervention der Regierung und der katholischen Kirche geäußert. "Die Kirche kann sagen, was sie will, ich argumentiere nicht gegen sie, aber hier liegen die Dinge jenseits ihrer Kontrolle", wurde Englaro von der spanischen Zeitung "El Pais" zitiert. Am Wochenende waren in ganz Italien Gegner und Befürworter einer Sterbehilfe auf die Straße gegangen. Englaro zufolge hat Eluana kurz vor ihrem eigenen Unfall vor 17 Jahren einen im Koma liegenden Freund im Krankenhaus besucht. Damals habe sie betont, sie wolle niemals auf diese Art und Weise am Leben erhalten werden.
+Die Koma-Patientin war vorige Woche aus einer Klinik in ein Altersheim in Udine gebracht worden. Dort war der Sterbehilfeprozess am Freitag eingeleitet worden. Eluana war 1992 nach einem Autounfall ins Koma gefallen. Ihr Vater hatte jahrelang vergeblich darum gekämpft, die künstliche Ernährung seiner Tochter zu stoppen. Vor allem der Vatikan hatte immer wieder dagegen protestiert. Im vorigen November hatte das oberste italienische Berufungsgericht in letzter Instanz bestätigt, dass die künstliche Ernährung der Frau eingestellt werden könne.
+Nach 17 Jahren im Wachkoma ist die Italienerin Eluana Englaro gestorben. Das bestätigte am Montagabend der italienische Gesundheitsminister Maurizio Sacconi im Senat, der über ein Eilgesetz gegen Sterbehilfe beraten sollte. Der Vater der heute 38-Jährigen hatte seit Jahren vor Gericht um Sterbehilfe für seine Tochter gekämpft, deren Ärzte in einer Klinik in Udine am Freitag die künstliche Ernährung der Frau gestoppt hatten.
Englaro starb am Montagabend kurz nach 20 Uhr Ortszeit und damit deutlich früher, als von den Ärzten erwartet. Diese hatten vorausgesagt, dass die Patientin auch ohne Nahrung und Flüssigkeit noch "12 bis 14 Tage“ leben könne.
Der Fall hatte auch über die Landesgrenzen hinaus für Diskussionen gesorgt. Bis zuletzt hatten sich der Vatikan und Regierungschef Silvio Berlusconi gegen die Sterbehilfe eingesetzt. Ende Januar hatte ein Mailänder Verwaltungsgerichthof einen Verwaltungsbescheid aufgehoben, der dem Pflegepersonal die Beendigung der künstlichen

Ernährung Eluanas verbot. Damit war der Weg für ein Abschalten der Geräte frei.
Mit einem am Freitag beschlossenen Dekret wollte die Regierung Berlusconi den Abbruch der künstlichen Ernährung für die Frau jedoch in letzter Minute untersagen. Staatspräsident Giorgio Napolitano verweigerte aber seine Unterschrift. Berlusconi wollte daraufhin mit einem Eilgesetz den Tod der Frau verhindern.
Die Senatoren, die noch am Montagabend über den entsprechenden Gesetzentwurf beraten sollten, legten eine Schweigeminute für die Verstorbene ein. „Möge der Herr sie aufnehmen und denjenigen vergeben, die sie dorthin gebracht haben“, sagte der "Gesundheitsminister“ des Vatikans, Javier Lozano Barragan, der italienischen Nachrichtenagentur Ansa.
Eine Abstimmung über den Gesetzentwurf war für Dienstag erwartet worden. Am Mittwoch würde dann das Abgeordnetenhaus beraten. Berlusconis rechtsgerichtete Regierung verfügt in beiden Parlamentskammern über bequeme Mehrheiten.
Noch am Montag sollten vier von den Behörden bestellte Ärzte die Klinik „La Quiete“ in Udine wegen „Unregelmäßigkeiten“ in der Verwaltung überprüfen. Der Präsident der Region Friaul-Julisch-Venetien, Enzo Tondo, forderte die Klinikleitung zudem auf, Englaros künstliche Ernährung wieder aufzunehmen, bis das Parlament über das Eilgesetz zur Sterbehilfe abgestimmt habe.

Vor ihrem Unfall im Jahr 1992 hatte Englaro nach Angaben von Freunden und Angehörigen betont, dass sie im Fall eines Komas sterben wolle. Ihr Schicksal spaltete das stark katholisch geprägte Italien: Nach einer vom „Corriere della Sera“ veröffentlichten Umfrage waren 47 Prozent der Bürger dafür, die Komapatientin sterben zu lassen. 47 Prozent waren dagegen. Sterbehilfe ist in Italien verboten
+The case was debated in court and her father's request was denied both in December 1999 by the Milan Court of Appeal and in April 2005 by the Court of Cassation. A request for a new trial was granted by the Court of Cassation on October 16, 2007.[1]
The Milan Court of Appeal declared on July 9, 2008 that Eluana's father and legal guardian Beppino Englaro was allowed to suspend feeding and hydration.[2]
Nuns caring for Eluana since 1994 in Lecco were willing to continue doing so, so her father decided to move her to another hospital in order to have her feeding suspended. Public opinion split on the Court of appeal's decision, some demonstrated in favour, including Radicali Italiani.
In July 2008, the Italian Parliament brought a jurisdictional conflict before the Final Court of Appeal, stating that the decision was actually changing existing laws. This request was rejected by the Court.
On November 13, 2008, Italy's highest court awarded Eluana's father the right to stop his daughter from being fed.[3] The court's decision met with immediate criticism from the Roman Catholic Church.
Beppino Englaro, as he stated in one of his rare public appearances, waited until all appeals were concluded before he suspended the feeding of his daughter. In February 2009, she was moved to a private hospital in Udine, Friuli, where a medical team assisted her during her final days.[4] On February 6, 2009, Prime Minister Silvio Berlusconi issued a decree that would have forced the continuation of the treatment of Eluana, and thrust Italy into a constitutional crisis when the President of the Republic refused to sign the decree.[5]
She died at 19:35 (GMT+1) on 9 February 2009, after being in a vegetative state for 17 years.[6]

2.Piergieorgio Welby

Italy court snubs euthanasia plea

An Italian judge has rejected a request by a terminally ill man to have doctors switch off his life support machine.

The judge said the case fell outside of his jurisdiction, saying politicians needed to address a "gap" in the law.

The landmark case of Piergiorgio Welby, 60, has sparked fierce debate in Italy, a mainly Roman Catholic country where euthanasia is illegal.

Mr Welby is confined to bed, is fed through a tube and speaks through a computer that reads his eye movements.

He appealed to President Giorgio Napolitano in October for euthanasia to be legalised so that he could then request it.

But Judge Antonio Salvio concluded in a 15-page ruling that Mr Welby's right to have his respirator removed was not "concretely safeguarded" by Italian law.

The issue needs to be addressed by politicians and possibly by legislation, the court said.

The ruling conceded that Mr Welby was among patients suffering "loneliness and despair" because of his condition.

Political divide

Mr Welby's case has been backed by pro-euthanasia campaigners in Italy's parliament.

Marco Capatto of Italy's Radical Party, a coalition partner in Prime Minister Romano Prodi's government, said his group would continue to campaign on Mr Welby's behalf.

"We're determined to support his plea to stop the torture he is suffering," the Reuters news agency reported him as saying.

But conservatives backed the decision.

Rocco Buttiglione, a devout Catholic and part of the centre-right opposition, told Reuters: "No-one can order to kill."

Prime Minister Romano Prodi's centre-left government is divided over the issue. His coalition includes Catholics as well as socialists, who have come out strongly in favour of Mr Welby's right to refuse treatment.

Euthanasia and doctor-assisted suicide have been legalised in the Netherlands, Belgium, Switzerland, but remain illegal in much of the rest of the world.

+Piergiorgio Welby (Rome, 26 December 1945 - 20 December 2006) was an Italian poet, painter and activist whose three-month-long battle to establish his right to die led to a debate about euthanasia in his country.

Welby was diagnosed with muscular dystrophy as a teenager in the early 1960s. The disease progressed, and in 1997 he became unable to breathe on his own. He became politically active in the right-to-die movement, and in 2006 he publicly declared his wish to refuse the medical treatment that kept him alive. The case was controversial, with liberal politicians supporting him and conservatives and the Vatican speaking out against his cause. After three months, he was allowed to die, though he was denied a church burial.

Life and career

Born in Rome, the son of Alfredo Welby a Scottish footballer playing for A.S. Roma, [1] Welby was diagnosed with muscular dystrophy at the age of 17.
During the Sixties he became influenced by the hippie movement, extensively travelling throughout Europe from 1969 to 1971 and using drugs to help forget his disease; back in Italy, he devoted his life to poetry and painting, supporting himself by giving private lessons.
During the Eighties he cured his drug dependency with the help of a methadone-based therapy which, while successfully detoxifying him, accelerated the progression of the

disease, irreversibly paralyzing him from his waist down. At this time, he met his future wife Mina while she was traveling to Rome with her parish.
On July 14, 1997, Welby suffered a respiratory insufficiency that left him completely unable to breathe naturally. He depended on mechanical ventilation and artificial feeding and communicated through a speech-synthesizer.[2]

Activism

The last years of his life were marked by activism. He joined the Italian Radical Party and later the Associazione Luca Coscioni, which named him co-president in 2006,[3] a group with close ties to the Radical Party, that advocates euthanasia, free access to assistive technology and freedom of scientific research. Welby used the Internet as his primary mean of communication by posting on web forums and, since 2003, on his own blog.
On May 1st, 2002 he posted a message with the title Eutanasia (Italian for euthanasia) on Radical Party's on line forum, writing:
Everything still? Worse than the desert of the Tartars. ... while staring at the horizon. ... terminal patients like me. ... envy the Dutch people. ... WAKE UP[4]
As of January 2007, the thread received over 20,000 replies.
In April 2003 he opened a blog,[5] expressing his views on different topics, commenting on current political events and publishing small poems. Since his death, the blog has been maintained by his widow.
In May 2005, on the occasion of a referendum dealing, among other topics, with the use of human embryos for stem cell research, he specifically asked his fellow Radical Party members to take him to his local polling station,[6] after his request to let disabled people who depend on life-support machinery to vote in their homes was denied.[7]
In April 2006, a worsening of his muscular dystrophy paralyzed the finger which let him use the mouse, making him unable to use his computer and heavily limiting his communication. He decided to publicize his request to die, hoping to start a nation-wide debate on euthanasia.

Battle for euthanasia

On September 22, 2006, Welby sent an open video-letter to Italian President Giorgio Napolitano.[8] It was shown on national television and made available for downloading on the Internet (see links), describing his condition and explaining his desire to die. Napolitano answered he felt deeply touched by Welby's situation, inviting Italian politicians to a parliamentary debate on this and similar complex ethical issues.[9]
Welby's case aroused a heated debate, involving political, ethical, religious and medical aspects. Radical Party members supported Welby's decision by organizing hunger-strikes and demonstrations; party founder Marco Pannella declared his readiness to turn the machines off himself as an "act of civil disobedience".[10]
Most Catholic politicians adhered to the official position of the Roman Catholic Church, opposing both euthanasia and aggressive medical treatment. On a televised debate, Cardinal Javier Lozano Barragán declared that stopping mechanical ventilation would only be acceptable if it were judged futile or disproportionate by his doctors. Health Minister Livia Turco said that a parliamentary debate should focus more on improving palliative care rather than on euthanasia.[11]
The head-physician and president of the "Italian Association of Sclerosis Patients", Mario Melazzini, had Amyotrophic lateral sclerosis, a similar sickness to Welby's. Melazzini decided

to speak in Rome with other ALS patients, asking the help of the State for the right of such people to life. He declared to the weekly newspaper Oggi that "Only those who want death are listened to"[12]. That appeal gained the support of many Italians, including the writer Claudio Magris and the singer Ron. Subsequently, after Melazzini's statement, hundreds of patients (among them notable cases in medical ethics such as Nello Guerra Crescenzi, Enrico Canova, and Salvatore Crisafulli — who was famous for having come out of a 2 year coma) wrote letters to Welby asking him to "fight for his life"[12].
Oncologist and long-time euthanasia supporter Umberto Veronesi and surgeon Ignazio Marino said Welby's right to refuse medical treatment was granted by Italian constitution and by the code of conduct of the Italian medical association.[13] One of Welby's doctors noted that after switching off the ventilator, the code of conduct would force him to take proper action to revive the patient once he reached a state of unconsciousness.[14]
The case was brought to a court which denied the request, finding no specific law governed it and urging Parliament to solve the problem.[15]
In December 2006, anesthetist Mario Riccio contacted Radical Party member Marco Cappato, informing him that he would perform the operation, seeing no legal impediments. Doctor Riccio arrived in Rome and after ensuring Welby's request was voluntary and not dictated by external pressures, decided to grant his request.

Death and aftermath

After the doctor agreed to his request, Welby asked to listen to Antonio Vivaldi's The Four Seasons; as it was not available, he then chose Bob Dylan. The procedure started with sedation at 11:00 p.m. on December 20 and ended at 11:40 p.m., when Welby was officially declared dead.
His death was announced the following morning by Marco Pannella on radio; further details were given at a press conference held some hours later.
Italian politicians were divided after his death. Members of the Radical Party and of left wing expressed sorrow for Welby's death, together with relief for ending his long suffering. On the other hand, members of the Italian conservative parties criticized the doctor and the political use of Welby's case. Luca Volonté, of the Christian Democrats, requested the immediate arrest of "Welby's murderers." Despite strong pressure from public opinion, both the Ethical Committee of local Medical Association and the criminal court judged Doctor Riccio's conduct to be legitimate. [16].
In a controversial move, Roman Catholic Church refused to allow a religious funeral, officially declaring that
Welby had repeatedly and publicly affirmed his desire to end his own life, which is against Catholic doctrine[17]
A civil funeral was celebrated in a public square in Rome[18

3.Mordechai Dov Brody

Mordechai Dov Brody (nicknamed Motl or Motyl) (1996 – November 15, 2008) was a 12-year-old Hasidic Jewish boy from Brooklyn. After a brain tumor stopped his brain functioning, doctors declared him legally dead on November 4, 2008, but his parents refused to accept the legal definition of death on religious grounds because his heart was still beating.[1] The case became the center of a widely-publicized, but never resolved legal dispute between his

parents, Eluzer and Miriam Brody, and Children's National Medical Center, Washington, D.C.[2]

According to an affidavit filed by one of his doctors, Motl's condition has deteriorated beyond a persistent vegetative state.[3] He was pronounced brain dead and was unable to breathe on his own without the help of a ventilator. His heart beat on its own, but he required medication to maintain his blood pressure (normally a function of the brain stem).[4] As a result, Brody's physicians wished to remove the boy from life support, as they believed he was brain dead, which is the legal definition of death in the District of Columbia.[5]

Although there is no consensus about what defines death in Jewish law, the parents are followers of rabbi Chaim Jacob Tauber, chief rabbinical judge of the Bobov Hasidic community in Brooklyn and they reject brain death as an indicator of death.[6] They wanted their son to remain on a ventilator as long as his heart was beating.[6] As the case deals with the definition of death, rather than the value of living in a permanent vegetative state, it was far more like that of Jesse Koochin[7] than that of Terri Schiavo.

The hospital asked Judge William Jackson of the Superior Court of the District of Columbia to affirm the doctors' decision that the boy could be taken off life support.[5] Motl's parent's challenged the hospital's assertion that Motl was dead, and claimed that doing so would be a violation of the Religious Freedom Restoration Act.[5][4] The judge heard initial arguments on November 10, but delayed issuing a decision until further hearings could be held.[5][8] The family and the hospital also released a joint statement where they expressed their mutual hope for an out of court decision.[8]

Motl died on November 15, 2008 after his heart stopped beating on its own, and he was buried on November 16.[9] The court case was never resolved and is now moot.

4.Donald "Dax" Cowart

Donald "Dax" Cowart is an attorney noted for the ethical issues raised by efforts to sustain his life against his wishes, following an accident in which Cowart suffered severe and disabling burns over most of his body. Cowart's case has become highly famous in the realm of medical ethics.

In July 1973, Cowart, then a pilot in the Air Force reserve, and his father were visiting a tract of land that his father was thinking of purchasing. The land lay in a small valley and, unbeknownst to the Cowarts, a gas leak had caused the valley to become filled with propane gas. After surveying the land, the Cowarts returned to their car, and the sparking of the ignition set the gas on the floor of the valley ablaze, severely burning both men. According to Cowart:

> I was burned so severely and in so much pain that I did not want to live even in the early moments following the explosion. A man who heard my shouts for help came running down the road, I asked him for a gun. He said, 'Why?' I said, 'Can't you see I am a dead man? I am going to die anyway. I have got to put myself out of this misery.' In a very kind and compassionate caring way, he said, 'I can't do that.'[1]

Cowart's father died en route to the hospital, but Cowart himself survived the ride to the hospital, despite the fact that he was refusing medical treatment because he felt he would not be able to regain his former level of activity. Cowart's injuries included the loss of both his hands, eyes, and ears, and the loss of skin over 65-68% of his body.

While in the hospital, Cowart continued to insist then that he wanted to die; his doctors refused. Cowart says that he was "forcibly treated for fourteen months" although he continually begged his doctors to end treatment and allow him to die. Instead, Cowart was subjected to medical treatments, which he likened to being "skinned alive" on a regular basis, including being dipped in a chlorinated bath to fight infection and having the bandages covering his body regularly stripped and replaced. He was provided with only a limited supply of painkillers, since their risks were not well understood at the time. He was denied access to means of communication by which he might seek legal assistance in ending the treatments.[citation needed] He attempted to commit suicide on several occasions, but was prevented each time.

Cowart eventually healed enough from his injuries to be released from the hospital. Although blind and without functioning hands, he was able to earn a law degree from Texas Tech University in 1986. Cowart legally changed his name to "Dax" because he was often embarrassed to respond to "Donald" only to find that a different person was being addressed.[1]

Cowart's life and his reflections on what has happened to him continue to challenge medicine's understanding of itself as a moral practice. [2] A documentary of his plight titled Please Let Me Die was filmed in 1974,[3] with a follow-up documentary titled Dax's Case filmed in 1984.[4]

The case illustrates several issues of patient autonomy.[5]

5.Giovanni Nuvoli

Giovanni Nuvoli (Alghero, December 15, 1953 - Alghero, July 23, 2007) was an Italian former football referee who suffered of amyotrophic lateral sclerosis since 2001.[1] With the help of Associazione Luca Coscioni, he fought for his right to die but his attempted euthanasia was blocked by the authorities on February 13, 2007.[1] He started a hunger strike on July 16, 2007, and he subsequently died on July 23.[2] The case sparked controversy in Italy, also because of its similarity to that of Piergiorgio Welby.

6.Karen Ann Quinlan

Karen Ann Quinlan (March 29, 1954 – June 11, 1985) was an important person in the history of the right to die controversy in the United States.

When she was 21, Quinlan became unconscious after coming home from a party. She had consumed Valium, Darvon painkiller, and alcohol. After she collapsed and stopped breathing twice for 15 minutes or more, the paramedics arrived and took Karen Ann to the hospital, where she lapsed into a persistent vegetative state. After she was kept alive on a ventilator

for several months without improvement, her parents requested the hospital discontinue active care and allow her to die. The hospital refused, and the subsequent legal battles made newspaper headlines and set significant precedents. The tribunal eventually ruled in her parents' favor.

Although Quinlan was removed from active life support during 1976, she lived on in a coma for almost a decade until her death from pneumonia in 1985.

Quinlan's case continues to raise important questions in moral theology, bioethics, euthanasia, legal guardianship and civil rights. Her case has affected the practice of medicine and law around the world. Two significant outcomes of her case were the development of formal ethics committees in hospitals, nursing homes and hospices, and the development of advance health directives.

7.Ramón Sampedro

Ramón Sampedro (January 5, 1943 – January 12, 1998) was a ship fisherman from Galicia, Spain, who became a quadriplegic in a diving accident at the age of 25 and fought for his right to an assisted suicide for the next 29 years.

His argument hinged on the fact that he was sure of his decision to die. However, owing to his paralysis, he was physically unable to commit suicide without help. He argued that suicide was a right that he was being denied, and he sought legal advice concerning his right to receive assistance to end his life, first in the courts of Spain, where his case attracted country-wide attention. Eventually, his fight became known worldwide.

Death and aftermath
Sampedro died on Monday, January 12, 1998, in Boiro, Spain, from potassium cyanide poisoning. Several days later, a close friend of Ramón, Ramona Maneiro, was arrested and charged with assisting his suicide but was released due to lack of evidence. No further charges were ever filed in connection with Ramón's death.
Seven years later, after the statute of limitations had expired, Maneiro, speaking on a Spanish talk show, admitted to providing Sampedro with a cyanide-laced drink and a straw. She said "I did it for love." She also said she had turned on the video camera that recorded Ramón's last words before he drank the poison and that she was in the room, behind the camera.
Mar adentro
The story of Sampedro's life and death was made into a Spanish movie, Mar adentro (English title: The Sea Inside) (2004), in which he was portrayed by Javier Bardem. The movie drew international attention and won the Best Foreign Language Film at the 77th Academy Awards.

Diskussion über Sterbehilfe in Deutschland

Heutzutage ist in Deutschland die Frage, ob Sterbehilfe legalisiert werden soll, heftig umstritten. Selbstverständlich sind die unverzichtbaren Aufgaben der Medizin die Pflege, die menschenwürdige Unterbringung und die Schmerztherapie für ein zuendegehendes Leben.

Ob jedoch künstliche Ernährung und die Infusion von Flüssigkeiten unverzichtbar sind, steht in Frage. Die Entscheidung sollte nicht von politischen oder ökonomischen Überlegungen abhängig sein. Außerdem ist es nötig, daß die Diagnose widerspruchslos geklärt ist und daß grundsätzlich die Zustimmung des Betreffenden bzw. dessen Angehörigen eingeholt wird.

Auch stellen sich gewisse Fragen für die Ärzte und für die grundlegenden Bedingungen des Gesetzes der aktiven Sterbehilfe, wie: Was soll getan werden, wenn todkranke Patienten nicht bei Bewußtsein sind und damit entscheindungsunfähig? Welche Kriterien sind entscheidend für die Handlungsweise der Ärzte? Wie sollen Ärzte die zutreffenden Entscheidungen mit ihrem Gewissen und mit dem geleisteten Eid des Hypokrates (der die ethnischen Leitsätze ärztlichen Handels enthält) vereinbaren?

Doch selbst wenn diese Bedingungen geklärt sind, ist die Frage, ob Euthanasie sinnvoll ist und erlaubt werden sollte, strittig. Einige halten sie für eine Möglichkeit, das Leben in Würde zu beenden. Gegner der Sterbehilfe sind der Meinung, dass die Legalisierung der aktiven Sterbehilfe in Deutschland die Gefahr birgt, dass es zu einer Massentötung, wie es in Deutschlands Vorgeschichte passiert ist, kommt, da die Ärzte das Recht hätten, nach ihrem Ermessen über das Leben des Patienten und dessen Ende zu entscheiden. Außerdem glauben sie, dass die Legalisierung möglicherweise einen starken Sog auf lebensmüde Patienten ausübt, da die Perspektive, durch einen schnellen Tod alle Probleme lösen zu können, sehr verführerisch wirken könnte. Auch könnten alte Menschen sich dazu gedrängt fühlen, die Gesellschaft nicht mehr finanziell zu belasten und sich somit töten lassen zu müssen.

Sie senken, dass der Wunsch nach Sterbehilfe nur Defizite in der Lebenshilfe aufzeigt. Anstelle einer Legalisierung der Sterbehilfe plädieren sie für eine Verbesserung der Schmerzmedizin und der Betreuung am Lebensende.

Befürworter hingegen denken, dass Sterbehilfe notwendig sei um Menschen einen Tod in Würde zu garantieren. Jeder Patient, dem der Selbstmord aus Gründen körperlicher Beeinträchtigung nicht möglich ist, muss sich ihrer Meinung nach töten lassen können. Der Tod sei das Recht eines jeden Menschen, schließlich sei Selbstmord auch nicht strafbar. Auch sehen sie keine Gefahr, dass sich eine Massentötung wie im dritten Reich wiederholen könnte, wenn eine konkrete Regelung den Ärzten vorschreibt, in welchen Fällen aktive Sterbehilfe geleistet werden darf. Außerdem halten Befürworter der Sterbehilfe es für unwahrscheinlich, dass sich lebensmüde Patienten vorschnell töten lassen. Denn die Entscheidung, sich töten zu lassen ist wie die Entscheidung, Selbstmord zu begehen, meistens eine gründlich überlegte und keine spontane Tat.

Sowohl Befürworter als auch Gegner der Euthanasie sind der Meinung, dass ein großes Defizit in dieser Thematik ist, dass es keinen Paragraphen zur Sterbehilfe gibt und diese somit durch andere Paragraphen nur unzureichend erfasst wird. Daher ist eine konkrete gesetzliche Regelung überfällig.

Es ist schwierig bei so einem umstrittenen Thema alle Standpunkte gleichermaßen zu berücksichtigen. Trotzdem ist eine gründliche Diskussion nötig, um eine gerechte Entscheidung treffen zu können. Schließlich hat jeder Mensch das Recht, zu leben; vielleicht auch das Recht, menschlich und bewußt zu sterben.

Kommentar

Der wichtigste Satz über den Tod stammt wohl von André Maurois: **"Im Grunde ist der Tod einer der stärksten Zugriffe, die man zum Sinn des Lebens hat. Über den Tod zu sprechen ist eine der vernünftigsten Arten, über den Sinn des Lebens zu sprechen."**

Während ein gesunder Mensch Suizid begehen kann, wird dem hilflosen Menschen die Entscheidung, ob er künstlich am Leben erhalten werden möchte oder nicht, verwehrt. Aus dem Menschenrecht zu Leben wird die Menschenpflicht zu leben.

Der übergroße Teil der Bevölkerung stirbt im Krankenhaus, wo wir keine Kontrolle über unser Ende mehr haben. Jedes Individuum sollte folgende Optionen haben:

- die Behandlung mit allen zur Verfügung stehenden Mitteln bis zum Tod weiterzuführen
- die "aktive" Behandlung mit oder ohne Palliativa (schmerzlindernde Mittel) zu beenden
- Suizid (Freitod oder Selbsttötung)
- Euthanasie (aktive Sterbehilfe von außen)

Das niederländische und das kürzlich in einem Teil Australiens heftig diskutierte Euthanasie - Modell verschreckt verständlicherweise viele Menschen, da sie Kurzschlußentscheidungen, den Verfall der Moral (auch bei Ärzteschaft und medizinischer Forschung) und die Ausübung von Druck auf die Patienten befürchten. So könnten unheilbar kranke und alte Menschen aus moralischer Verantwortung heraus oder unter finanziellen Aspekten die Euthanasie oder den Suizid wählen, um der Gesellschaft nicht zur Last zu fallen. Auch befürchten Gegner dieses Modells, dass einige Patienten durch unfreiwillige Euthanasie getötet würden.

Dazu ist zu sagen, dass sich wohl niemand aus Verantwortungsgefühlen umbringen lassen wird, der eigentlich noch einen starken Überlebenswillen hat. Und selbst wenn es sein letzter Wunsch wäre, ihn nicht künstlich am Leben zu erhalten, weil mit dem Geld, dass er in der letzten Zeit seines Lebens kosten würde, zum Beispiel viele Menschen der dritten Welt lebenslang ernährt werden könnten, so kann ihm doch dieser Wunsch erfüllt werden. Und der Vorwurf, das Menschen durch unfreiwillige Euthanasie getötet würden ist sinnlos. Diese Wortkonstellation ist einzig dazu da, dem Begriff Euthanasie eine negative Konnotation zu geben. Euthanasie ist immer freiwillig, unfreiwillige Euthanasie ist Mord.

Der negative Beigeschmack des Wortes Euthanasie ist sowieso ein großes Problem bei den heutigen Diskussionen. Währen in der heutigen Zeit Euthanasie das Töten von schwerkranken oder alten Menschen auf deren Wunsch hin bezeichnet klingen immer noch Bedenken über die Euthanasie im dritten Reich mit. Dieses war aber vielmehr Völkermord und hat mit der derzeit diskutierten Sterbehilfe nichts zu tun.

Dennoch wird leider sowohl aus diesen historischen Gründen als auch aus Angst vor dem Tabu - Thema Tod öffentlich nicht ernsthaft und kritisch genug über die Euthanasie diskutiert. Eine solche Diskussion und vor allem eine konkrete gesetzliche Regelung dieses Themas ist aber längst überfällig.

Und bei einer solchen Diskussion sollte man das Thema endlich mal vernünftig diskutieren. Dabei können Bedenken aus der Vergangenheit zwar eingebracht werden, sollten aber dennoch hinter zeitgemäßen Argumenten zurückstehen.

Letztendlich sollte sich jeder einige Fragen stellen: Was ist höher zu bewerten: Die Freiheit des Individuums oder die verordnete Erhaltung des Lebens unter den unsinnigsten Umständen? Muß man uneingeschränkt die sozialen und körperlichen Bedingungen seiner Existenz akzeptieren? Wessen Tod ist es eigentlich? Wie man es auch sehen mag - im Augenblick ist das Recht auf den eigenen Tod keine Option, sondern eine Straftat, und Menschen werden weiterhin gezwungen, im Namen der Ethik ihr Leben sinnlos zu verlängern.

Meiner Meinung nach muss es jedem Menschen als Menschenrecht zugesichert werden, sein Leben jederzeit nach belieben beenden zu können bzw. beenden lassen zu können. Wer das Recht auf Leben hat, hat auch das Recht auf Tod.

Uwe Nowak (gekürzt)
aus: http://www.uwenowak.de/arbeiten/sterbehilfe.xhtml

Now They Want to Kill Children--Euthanasia in Europe

Thursday, September 30, 2004

Reports out of Europe trace the advance of the Culture of Death as euthanasia is normalized and human life is progressively discounted. Now, two European nations are moving forward with plans to euthanize children, and advocates admit that the practice is already widespread.

A report out of Brussels indicates that Belgium will legalize euthanasia for terminally ill children, according to legislation introduced by members of the ruling Flemish Liberal Party. The bill, proposed by senators Jeannine Leduc and Paul Wille, asserts that children and teenagers suffering with terminal illnesses and "intolerable pain" have the right to choose death rather than suffering. As the legislation reads, "Their suffering is as great (and) the situation they face is as intolerable and inhumane (as that of young adults)."

Belgium, like many of its European neighbors, has been sliding toward the practice of euthanasia for decades. The nation's current legislation allows euthanasia in the case of adults who are assumed to be fully conscious and able to consent to their own death. According to the current law, children as young as twelve are given the "right" to have their lives terminated, and children sixteen and older are able to do so without parental consent.

The practice of euthanizing children is already legal in the Netherlands, where Dutch euthanasia advocates have been constantly pushing for a lower age of consent. Writing in The Weekly Standard, Wesley J. Smith reports that the Groningen University Hospital has now decided that its physicians will be able to euthanize children under the age of twelve, "if doctors believe their suffering is intolerable or if they have an incurable illness." Children too young to gain a driver's license will now be able to choose their own death by means of legalized euthanasia.

The debate--or more accurately, the lack of debate--in the Netherlands indicates that the culture of death is now galloping toward moral nihilism and the open embrace of death over life.

As Smith points out, the use of the word "incurable" means nothing more than "a euphemism for killing babies and children who are seriously disabled." In reality, doctors have no objective criteria to use in making decisions for euthanasia. Despite safeguards previously written into Dutch law, that culture has seen a progression from passive euthanasia to active euthanasia and from euthanasia with consent to euthanasia without consent in less than a generation.

A study published in 1997 documents the Dutch slide from "assisted suicide" to the killing of infants. The British medical journal The Lancet reported that physicians were actually killing between eighty and ninety infants per year--amounting to eight percent of all infant deaths in the Netherlands. As Wesley Smith reports, "at least 10-15 of these killings involved infants who did not require life-sustaining treatment to stay alive. The study found that a shocking 45 percent of neonatologists and 31 percent of pediatricians who responded to questionnaires have killed infants."

This staggers the moral imagination. Those statistics--surely now eclipsed by even more dramatic percentages--reveal that Dutch physicians have turned themselves into instruments of death. These doctors now place themselves as the judges of who shall live and who shall die. This same report indicates that many of these decisions are being made without the consent or knowledge of parents. Broken-hearted parents are simply told that their babies have died, when in reality their own physicians have put them to death. As Smith comments: "For anyone paying attention to the continuing collapse of medical ethics in the Netherlands, this isn't at all shocking. Dutch doctors have been surreptitiously engaging in eugenic euthanasia of disabled babies for years, although it technically is illegal, since infants can't possibly give consent to be killed."

To the north, Great Britain now faces the question of euthanasia as a recent report claims that twenty thousand Britons are being euthanized each year.

Dr. Hazel Biggs, Director of Medical Law at the University of Kent, has produced a shocking report claiming that at least eighteen thousand people a year are being euthanized by their own physicians. Another seven thousand patients are reported to die by "voluntary euthanasia," or a form of "assisted suicide."

Biggs, who supports voluntary euthanasia, was led to her study after considering parallel research conducted in Belgium and Australia. In those two countries, physicians were granted immunity for the purposes of research, and both supporters and opponents of euthanasia were shocked by the high levels of physician-assisted death reported by the physicians themselves.

Current British law calls for a sentence of up to fourteen years for physicians who help patients to die. At present, involuntary euthanasia is explicitly forbidden by British law and the prevailing code of medical ethics. Can anyone expect this to last?

The British House of Lords is already taking up proposed legislation that would allow voluntary euthanasia and provide legal protections for physicians engaged in the practice. The proposal has launched a fierce debate in the pages of the nation's newspapers, the most important of which focuses on a series of letters exchanged between some of the most famous and influential British philosophers.

In a letter published September 20, 2004 in The Times [London], Professor A. C. Grayling of Birkbeck College, University of London, is joined by several of his colleagues in arguing for voluntary euthanasia. "Although we believe assisted dying to be a frequent phenomenon, it takes place in secret because it is illegal. Apart from the intrinsic undesirability of underground practices, the illegality of assisted dying places great burdens on medical professionals and family members who respond to requests from sufferers for help to die. Moreover, without proper safeguards the most vulnerable are at increased risk from abuse. Most importantly, the Bill provides an option for competent terminally ill sufferers to choose an assisted comfortable and dignified end to life legally and without fear of compromising their careers and families." Earlier in their letter, the philosophers argued "that people should be guaranteed choice and dignity at the end of their lives to remove the fear, discomfort and loss of dignity and autonomy that can attend the process of dying."

In a powerful and eloquent response, Professor John Haldane of St. Andrews University in Scotland joined with others in responding to Grayling. According to Haldane and his associates, Grayling and other pro-euthanasia advocates "confirm the existence of a slippery slope by sliding down it."

As their letter documents, the Grayling argument speaks of euthanasia because of patients' suffering "unbearably from a terminal illness." Yet, the Grayling group quickly changes the foundation of its argument from unbearable suffering to "loss of dignity and autonomy." As Haldane insists, "In the space of a sentence, they [Grayling and his colleagues] glissade from unbearable suffering to fear, discomfort, etc."

Haldane then asks: "Principles invoked by advocates of euthanasia typically subvert the legal boundaries they propose. If suffering is unbearable, why should people released be confined to the terminally ill? If the crucial question is the 'quality' of existence, why should euthanasia be denied to those unable to request it?"

The Haldane letter, cosigned by Alasdair Macintyre of Notre Dame University, pushes the case against euthanasia at the pragmatic level as well. All those "safeguards" supposedly put in place to protect euthanasia from "abuse" are routinely disregarded. As the reports from the Netherlands make clear, doctors there have been routinely breaking even the liberal euthanasia laws of that nation, putting children and babies to death in clear violation of the law and medical ethics. Furthermore, they are now sufficiently bold to acknowledge this practice to researchers.

What kind of culture produces physicians who will kill their own patients? What degree of moral insanity is necessary for 31 percent of pediatricians to admit that they have killed infants, along with a staggering 45 percent of neonatologists?

The Culture of Death no longer creeps and crawls. It is now advancing at a breathtaking pace, and the transformation of medical ethics and practice now evident in Belgium and the

Netherlands is already taking root in the logic proposed by euthanasia advocates in the United States. Assisted suicide is now legal in the state of Oregon, and a federal court recently told the Bush administration that the federal government has no right to challenge the Oregon law.

Herbert Hendin, a physician who serves as Executive Director of the American Suicide Foundation, documents the slide toward euthanasia in Seduced by Death: Doctors, Patients, and the Dutch Cure. As Hendin explains, "Euthanasia advocates have been seduced by death. They have come to see suicide as a cure for disease and a way of appropriating death's power over the human capacity for control. They have detoured what could be a constructive effort to manage the final phase of life in more varied and individualistic ways onto a dangerous route to nowhere. These are not the attitudes on which to base a nation's compassionate social policy."

That is an understatement. The Christian worldview posits an understanding of human life that begins with fertilization and continues all the way to natural death. At every moment and stage of development along that continuum, we must contend for the sanctity and dignity of human life. We must confront the Culture of Death and euthanasia advocates with a solid wall of informed resistance, refusing to accept the premise that we possess autonomy over our own lives, or that we have the right to decide the time or means of our own death.

The debate in Great Britain is illuminating, even as the legislative possibilities in Belgium are frightening. But the report out of the Netherlands pushes the envelope of moral understanding. We can hardly imagine doctors who kill babies and now propose to kill children--all in the name of "compassion."

Wesley J. Smith reminds that Dutch physicians are now engaged "in the kind of euthanasia activities that got some German doctors hanged after Nuremberg." Have we learned nothing?

Euthanasia for Babies?

By JIM HOLT
July 10, 2005 New York Times

One sure way to start a lively argument at a dinner party is to raise the question Are we humans getting more decent over time? Optimists about moral progress will point out that the last few centuries have seen, in the West at least, such welcome developments as the abolition of slavery and of legal segregation, the expansion of freedoms (of religion, speech and press), better treatment of women and a gradual reduction of violence, notably murder, in everyday life. Pessimists will respond by citing the epic evils of the 20th century -- the Holocaust, the Gulag. Depending on their religious convictions, some may call attention to the breakdown of the family and a supposed decline in sexual morality. Others will complain of backsliding in areas where moral progress had seemingly been secured, like the killing of civilians in war, the reintroduction of the death penalty or the use of torture. And it is quite possible, if your dinner guests are especially well informed, that someone will bring up infanticide.

Infanticide -- the deliberate killing of newborns with the consent of the parents and the community -- has been common throughout most of human history. In some societies, like the Eskimos, the Kung in Africa and 18th-century Japan, it served as a form of birth control when food supplies were limited. In others, like the Greek city-states and ancient Rome, it was a way of getting rid of deformed babies. (Plato was an ardent advocate of infanticide for eugenic purposes.) But the three great monotheistic religions, Judaism, Christianity and Islam, all condemned infanticide as murder, holding that only God has the right to take innocent human life. Consequently, the practice has long been outlawed in every Western nation.

This year, however, a new chapter may have begun in the history of infanticide. Two physicians practicing in the Netherlands, the very heart of civilized Europe, this spring published in The New England Journal of Medicine a set of guidelines for what they called infant "euthanasia." The authors named their guidelines the Groningen protocol, after the city where they work. One of the physicians, Dr. Eduard Verhagen, has admitted to presiding over the killing of four babies in the last three years, by means of a lethal intravenous drip of morphine and midazolam (a sleeping agent). While Verhagen's actions were illegal under Dutch law, he hasn't been prosecuted for them; and if his guidelines were to be accepted, they could establish a legal basis for his death-administering work.

At first blush, a call for open infanticide would seem to be the opposite of moral progress. It offends against the "sanctity of life," a doctrine that has come to suffuse moral consciousness, especially in the United States. All human life is held to be of equal and inestimable value. A newborn baby, no matter how deformed or retarded, has a right to life -- a right that trumps all other moral considerations. Violating that right is always and everywhere murder.

The sanctity-of-life doctrine has an impressively absolute ring to it. In practice, however, it has proved quite flexible. Take the case of a baby who is born missing most or all of its brain. This condition, known as anencephaly, occurs in about 1 in every 2,000 births. An anencephalic baby, while biologically human, will never develop a rudimentary consciousness, let alone an ability to relate to others or a sense of the future. Yet according to the sanctity-of-life doctrine, those deficiencies do not affect its moral status and hence its right to life. Anencephalic babies could be kept alive for years, given the necessary life support. Yet treatment is typically withheld from them on the grounds that it amounts to "extraordinary means" -- even though a baby with a normal brain in need of similar treatment would not be so deprived. Thus they are allowed to die.

Are there any limits to such "passive" euthanasia? A famous test case occurred in 1982 in Indiana, when an infant known as Baby Doe was born with Down syndrome. Children with Down syndrome typically suffer some retardation and other difficulties; while presenting a great challenge to their parents and families, they often live joyful and relatively independent lives. As it happened, Baby Doe also had an improperly formed esophagus, which meant that food put into his mouth could not reach his stomach. Surgery might have remedied this problem, but his parents and physician decided against it, opting for painkillers instead. Within a few days, Baby Doe starved to death. The Reagan administration responded to the case by drafting the "Baby Doe guidelines," which mandated life-sustaining care for such handicapped newborns. But the guidelines were opposed by the American Medical Association and were eventually struck down by the Supreme Court.

The distinction between killing a baby and letting it die may be convenient. But is there any moral difference? Failing to save someone's life out of ignorance or laziness or cowardice is one thing. But when available lifesaving treatment is deliberately withheld from a baby, the intention is to cause that baby's death. And the result is just as sure -- if possibly more protracted and painful -- as it would have been through lethal injection.

It is interesting to contrast the sort of passive euthanasia of infants that is deemed acceptable in our sanctity-of-life culture with the active form that has been advocated in the Netherlands. The Groningen protocol is concerned with an element not present in the above cases: unbearable and unrelievable suffering. Consider the case of Sanne, a Dutch baby girl who was born with a severe form of Hallopeau-Siemens syndrome, a rare skin disease. As reported earlier this year by Gregory Crouch in The Times, the baby Sanne's ''skin would literally come off if anyone touched her, leaving painful scar tissue in its place.'' With this condition, she was expected to live at most 9 or 10 years before dying of skin cancer. Her parents asked that an end be put to her ordeal, but hospital officials, fearing criminal prosecution, refused. After six months of agony, Sanne finally died of pneumonia.

In a case like Sanne's, a new moral duty would seem to be germane: the duty to prevent suffering, especially futile suffering. That is what the Groningen protocol seeks to recognize. If the newborn's prognosis is hopeless and the pain both severe and unrelievable, it observes, the parents and physicians ''may concur that death would be more humane than continued life.'' The protocol aims to safeguard against ''unjustified'' euthanasia by offering a checklist of requirements, including informed consent of both parents, certain diagnosis, confirmation by at least one independent doctor and so on.

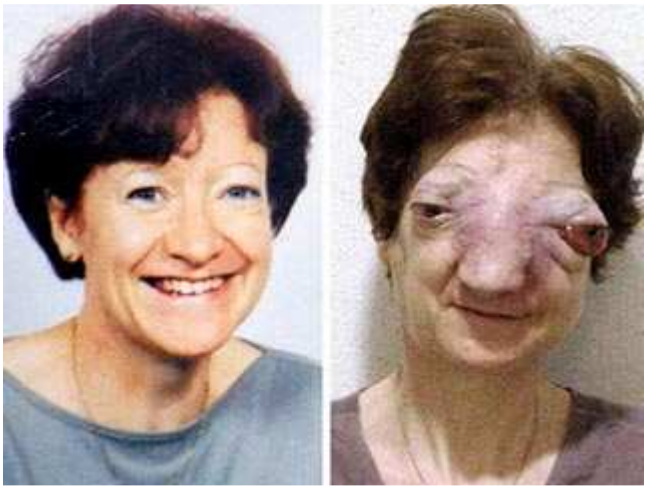
The debate over infant euthanasia is usually framed as a collision between two values: sanctity of life and quality of life. Judgments about the latter, of course, are notoriously subjective and can lead you down a slippery slope. But shifting the emphasis to suffering changes the terms of the debate. To keep alive an infant whose short life expectancy will be dominated by pain -- pain that it can neither bear nor comprehend -- is, it might be argued, to do that infant a continuous injury.

Our sense of what constitutes moral progress is a matter partly of reason and partly of sentiment. On the reason side, the Groningen protocol may seem progressive because it refuses to countenance the prolonging of an infant's suffering merely to satisfy a dubious distinction between ''killing'' and ''letting nature take its course.'' It insists on unflinching honesty about a practice that is often shrouded in casuistry in the United States. Moral sentiments, though, have an inertia that sometimes resists the force of moral reasons. Just quote Verhagen's description of the medically induced infant deaths over which he has presided -- ''it's beautiful in a way. . . . It is after they die that you see them relaxed for the first time'' -- and even the most spirited dinner-table debate over moral progress will, for a moment, fall silent.

Jim Holt is a frequent contributor to the magazine.

BBC report on euthanasia:
http://news.bbc.co.uk/hi/english/static/health/euthanasia/basics.stm

French Woman Who Sought Euthanasia Dies



Chantal Sebire, denied her request for euthanasia by a French court this week, was found dead Thursday.

PARIS — A woman who suffered from a painful facial tumor and had drawn headlines across France with her quest for doctor-assisted suicide was found dead Wednesday, an official said.

Chantal Sebire, a former schoolteacher and mother of three, was found at her home in the eastern French town of Plombieres-les-Dijon, a government official said on condition of anonymity because he was not authorized to discuss the matter publicly.

The circumstances of her death were not immediately clear. Sebire, 52, was diagnosed nearly eight years ago with esthesioneuroblastoma, a rare form of cancer.

The illness left her blind, and with no sense of smell or taste, her lawyer said. She could not use morphine to ease the intense eye pain because of the side effects.

On Monday, a court in the city of Dijon rejected Sebire's request to be allowed to receive a lethal dose of barbiturates under a doctor's supervision.

It refused the request for doctor-assisted suicide because of French law and out of concern for medical ethics.

Sebire's case revived a debate in France about the right to die. She received national attention after the media published heartbreaking before-and-after pictures that made her suffering instantly apparent.

The tumor had burrowed through her sinuses and nasal cavities, causing her nose to swell to several times its original size, and pushing one of her eyes out of her head.

Unlike in France, euthanasia is legal in both Belgium and the Netherlands, and Luxembourg is in the process of passing a law to allow it. In Switzerland, counselors or physicians can prepare the lethal dose, but patients must take it on their own.

http://images.google.at/imgres?imgurl=http://www.foxnews.com/images/354219/1_61_euthanasia.jpg&imgrefurl=http://www.foxnews.com/story/0,2933,339709,00.html&usg=__PDsLEFsQf3yRIsLrq0W50zCFzdM=&h=240&w=320&sz=18&hl=de&start=2&um=1&tbnid=asPiE7e-KvAUnM:&tbnh=89&tbnw=118&prev=/images%3Fq%3Deuthanasia%26hl%3Dde%26um%3D1

Wikipedia – Euthanasia

Ein Unterlassen medizinischer Eingriffe auf Wunsch des Patienten durch Beachtung einer Patientenverfügung ist nach verbreiteter juristischer Auffassung keine passive Sterbehilfe.[1] Ein Behandeln entgegen dem mutmaßlichen Willen des Patienten, also das einfache Missachten einer Patientenverfügung, erfüllt den Straftatbestand der Körperverletzung. Das Sterbenlassen einer Person durch Unterlassen von medizinischer Hilfeleistung bzw. technischen Möglichkeiten entgegen den Therapiewünschen der betroffenen Person erfüllt den Straftatbestand eines Tötungsdeliktes oder der unterlassenen Hilfeleistung (BVerfG 2 BvR 1451/01).[2] Als verbotene passive Sterbehilfe kann dies aber nicht definiert werden, da ein Handeln gegen den Willen des Patienten nicht als Hilfe erachtet werden kann (siehe Absatz „Abgrenzung zu den Tötungsprogrammen der Nationalsozialisten“). Die Beihilfe zum Suizid kann straffrei sein und könnte dann als passive Sterbehilfe bezeichnet werden, sie kann aber auch den Umständen nach als aktive Sterbehilfe den Straftatbestand der Tötung auf Verlangen erfüllen.

In Europa haben die Niederlande, Belgien, Luxemburg und die Schweiz Sterbehilfe in unterschiedlichem Ausmaß legal zugelassen. Für Aufsehen sorgte 2001 das Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding, das das erste Mal in der Welt in den Niederlanden die aktive Sterbehilfe zuließ. Danach kamen 2002 mit dem Loi relative à l’euthanasie in Belgien und 2009 mit dem Loi sur l’euthanasie et l’assistance au suicide im Großherzogtum Luxemburg zwei ähnliche Sterbehilfegesetze zustande.

Arten der Sterbehilfe

Zu unterscheiden ist die Sterbehilfe von

- **der in Deutschland grundsätzlich straflosen Beihilfe zur Selbsttötung („[ärztlich] assistierter Suizid”); dagegen ist in den Niederlanden die Beihilfe zur Selbsttötung eine Straftat, die nur für Ärzte unter sehr eng definierten Voraussetzungen nicht strafbar ist,**
- **dem ärztlichen Behandlungsabbruch auf Verlangen des betroffenen Patienten (evtl. auch durch eine dazu bevollmächtigte Person),**
- **dem in Deutschland straflosen Ausschalten von Geräten (wie Beatmungsgeräten) oder das Unterlassen von Reanimationsversuchen nachdem der Hirntod bereits eingetreten ist,**
- **der in Deutschland straflosen Hilfe im Sterbeprozess: Verabreichen von Medikamenten, die schmerzstillend sind und das Leben nicht vorsätzlich verkürzen.**

Man unterscheidet bei der Sterbehilfe zumeist grob die drei Formen aktive, indirekte und passive Sterbehilfe. Die Europäische Gesellschaft für Palliativmedizin schlägt

allerdings vor, bei Sterbehilfe nur noch in passive und indirekte Sterbehilfe sowie Euthanasie (heute ein Synonym für ärztlich assistierten Suizid; siehe unten Beihilfe zur Selbsttötung) zu unterscheiden und den Begriff der aktiven Sterbehilfe aufzugeben.

Zur Sterbehilfe können gehören:

- Aktive Sterbehilfe als gezieltes aktives Herbeiführen des Todes („Tötung auf Verlangen"; Österreich: unechte direkte Sterbehilfe; Schweiz: direkte aktive Sterbehilfe; Niederlande: Euthanasie; Belgien: euthanasie active),
- Passive Sterbehilfe als Unterlassen oder Abbrechen lebensverlängernder Maßnahmen (Belgien: euthanasie passive),
- Indirekte Sterbehilfe als Leidenslinderung bei Schwerkranken unter Inkaufnahme der Lebensverkürzung – wobei der Unterschied zur aktiven Sterbehilfe allein in der subjektiven Einstellung des Handelnden liegt (Österreich: unechte indirekte Sterbehilfe; Schweiz: indirekte aktive Sterbehilfe; Belgien: euthanasie indirecte; Niederlande: double effect).

http://de.wikipedia.org/wiki/Sterbehilfe

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Dokumentation Grundsätze der -

Sterbehilfe und Euthanasie

Eine Heimarbeit über Sterbehilfe und Euthanasie im Rahmen des Philosophie-Unterrichts der 12. Jahrgansstufe des Fürst-Johann-Moritz-Gymnasiums

Vorwort

Durch die großen Fortschritte der Medizin und ds immer weiter ansteigende mittlere Lebensalter in Europa ist in den letzten Jahren eine Diskussion über Sterbehilfe (Euthanasie) entfacht. Ursprünglich bedeute der Begriff Euthanasie (griechisch, "schöner Tod"), dass ein Mensch, der sein Leben aufgrund äußerer Einflüsse als nicht lebenswert empfand ein Recht auf einen selbstgewählten Tod besaß. Da im christlichen Glauben der Selbstmord als Sünde galt, hat sich die Bedeutung des Wortes heute zur Sterbehilfe des Arztes für unheilbar kranke Menschen gewandelt.

Jedoch wird mit diesem Begriff noch immer der Völkermord während des zweiten Weltkrieges verbunden, wo unter diesem Begriff alle Menschen, die als lebensunwert angesehen und vernichtet wurden. Gerade in Deutschland war desshalb eine Diskussion über diese Thematik sehr lange tabu, so dass eine sachliche und kritische Auseinandersetzung mit diesem Thema längst überfällig ist.

Da es bei einer so grundsätzlichen und wichtigen Diskussion von allgemeinem Interesse letztendlich kein absolut Richtig oder völlig Falsch gibt, werden am Ende immer Kompromisse aus verschiedenen Meinungen stehen. Entscheidend für die Qualität dieser Ergebnisse ist vor allem die ausreichende Beschäftigung mit nötigen Fakten und Informationen, auf denen die letztendlich gebildete Meinung fundiert.

In dieser Arbeit sollen einige Informationen gegeben werden. So wird zum Beispiel das zur Zeit in Deutschland existierende Recht erläutert. Dieses wirft einige Probleme auf, da zur Thematik Sterbehilfe kein eigener Paragraph existiert und diese Fälle durch § 212 (Totschlag) und § 216 (Tod auf Verlangen) beschrieben werden. Es sollen auch geschichtliche Fakten zur Euthanasie des aus dem Dritten Reich beschrieben werden, sowie Erfahrungen aus dem Ausland, die eine andere juristische Situation zu dieser Thematik haben.

Alle Informationen zu dieser Arbeit stammen aus dem Internet. Da aufgrund der große Auswahl nur ein Bruchteil der gegebenen Informationen verwertet werden konnten, sind diese selbstverständlich nach subjektiven Kriterien aufgrund meiner persönlichen Meinung selektiert worden.

Neben der reinen Darstellung von Informationen sollen aber auch einige persönliche Meinungen und Kommentare gegeben werden. Diese haben nicht den Anspruch, richtig oder allgemeingültig zu sein, jedoch sind sie es Wert, darüber nachzudenken.

Ziel dieser Arbeit ist es, zum Nachdenken und zur Diskussion anzuregen und die dazu notwendigen Informationen zu geben.

Wichtige Paragraphen des StGB

Um über Sterbehilfe und Euthanasie reden zu können, muss man zuerst einmal den juristischen Hintergrund kennen. In Deutschland existiert kein eigener Paragraph zur Sterbehilfe. Daher werden die verschiedenen Fälle von Sterbehilfe durch die Paragraphen über Mord, Totschlag, Tod auf Verlangen und Unterlassene Hilfeleistung beschrieben. Diese Paragraphen des Strafgesetzbuches sind im folgenden aufgeführt.

§ 211 [Mord]

1. Der Mörder wird mit lebenslanger Freiheitsstrafe bestraft.
2. Mörder ist, wer aus Mordlust, zur Befriedigung des Geschlechtstriebs, aus Habgier oder sonst aus niedrigen Beweggründen, heimtückisch oder grausam oder mit gemeingefährlichen Mitteln oder um eine andere Straftat zu ermöglichen oder zu verdecken, einen Menschen tötet.

§ 212 [Totschlag]

1. Wer einen Menschen tötet, ohne Mörder zu sein, wird als Totschläger mit Freiheitsstrafe nicht unter fünf Jahren bestraft.
2. In besonders schweren Fällen ist auf lebenslange Freiheitsstrafe zu erkennen.

§ 216 [Tötung auf Verlangen]

1. Ist jemand durch das ausdrückliche und ernstliche Verlangen des Getöteten zur Tötung bestimmt worden, so ist auf Freiheitsstrafe von sechs Monaten bis zu fünf Jahren zu erkennen.
2. Der Versuch ist strafbar.

§ 323c [Unterlassene Hilfeleistung]

1. Wer bei Unglücksfällen oder gemeiner Gefahr oder Not nicht Hilfe leistet, obwohl dies erforderlich und ihm den Umständen nach zuzumuten, insbesondere ohne erhebliche eigene Gefahr und ohne Verletzung anderer wichtiger Pflichten möglich ist, wird mit Freiheitsstrafe bis zu einem Jahr oder mit Geldstrafe bestraft.

Verschiedene Arten von Sterbehilfe

Aktive Sterbehilfe

Die direkte, aktive Tötung eines Menschen wird als aktive Sterbehilfe bezeichnet. Sie ist zum Zweck der schmerzlosen Tötung eines Sterbenden widerrechtlich und strafbar und wird nach dem § 212 StGB (Totschlag) mit einer Freiheitsstrafe von mindestens 5 Jahren bestraft. Das Verlangen nach dem eigenen Tod des Patienten ändert nichts an der Strafbarkeit, jedoch wird die Tat dann nach § 216 StGB (Tod auf Verlangen) bestraft.

Bereits mehrere Male wurde im Bundestag die Abschaffung des § 216 StGB gefordert. Die Forderung wurde auf die Frage gestützt, warum es nicht möglich sein sollte dem Ernsthaften, bei vollem Bewußtsein geleisteten Todeswunsch zu entsprechen, da ja z.B. auch Selbstmord straffrei sei. Aus praktischen Erwägungen wurde der Paragraph jedoch beibehalten, denn ansonsten hätte jeder wegen Totschlags angeklagte behaupten können, das Opfer hätte den Todeswunsch und müsste somit nach dem Grundsatz "im Zweifel für den Angeklagten" freigesprochen werden.

Indirekte Sterbehilfe

Mit indirekter Sterbehilfe bezeichnet die Tolerierung eines verfrühten Todes aufgrund einer medizinischen schmerzlindernden Behandlung im Einverständnis mit dem Betroffenen. Diese indirekte Sterbehilfe - auch als echte Sterbehilfe bezeichnet - ist nicht strafbar, da die Lebensverkürzung als unbeabsichtigte Nebenfolge einer anderen notwendigen Behandlung auftritt. Denn die Ermöglichung eines Todes in Würde und Schmerzfreiheit gemäß dem erklärten oder mutmaßlichen Patientenwillen ist ein höherwertiges Rechtsgut als die Aussicht, unter schwersten Schmerzen noch kurze Zeit länger leben zu müssen.

Passive Sterbehilfe

Als Passive Sterbehilfe wird der Verzicht auf lebenverlängernde Maßnahmen bezeichnet. Passive Sterbehilfe durch Sterbenlassen ist nur zulässig, wenn die ärztliche Behandlung das Recht eines Menschen auf menschenwürdiges Sterben verletzen würde. Man unterscheidet zwischen passiver Sterbehilfe im engeren Sinn (Sterbevorgang hat bereits eingesetzt) und im weiteren Sinn (keine unmittelbare Todesnähe). Während die Sterbehilfe im engeren Sinn ("Hilfe beim Sterben") straffrei ist, ist die Sterbehilfe im weiteren Sinn ("Hilfe zum Sterben")

strafbar. Wird passive Sterbehilfe ohne eine Willenserklärung des Patienten vollzogen, können sich die Garanten nach § 212 StGB (Totschlag) strafbar machen. Garanten sind nächste Familienangehörige wie Ehegatten, Verwandte in gerader Linie und Geschwister. Sie sind verpflichtet sich gegenseitig Beistand und Hilfe bei Gefahren für Leid und Leben zu leisten. Zusätzlich kann es zu einer freiwilligen Übernahme von Schutz und Beistandspflichten kommen, wie etwa der Arzt durch seine ärztliche Behandlung. Dritte (Nichtgaranten) können sich nach diesem Paragraph nur strafbar machen, indem sie aktive Sterbehilfe leisten.

Ist der Wille des Patienten nicht zweifelsfrei zu erkennen, daß die Behandlung abgebrochen werden sollte, muß eine Motivforschung stattfinden. Mit Motivforschung wird die Erforschung des mutmaßlichen Willens des Kranken bezeichnet.

Beihilfe zum Selbstmord

Beihilfe zum Selbstmord bedeutet, einem Menschen einen Selbstmord zu ermöglichen, diesem jedoch muss den letzten Schritt überlassen. Beihilfe zum Selbstmord ist für Nichtgaranten nicht strafbar, jedoch muss dem Betroffenen nach Verlust des Bewusstseins nach §323c (Verpflichtung zur Hilfeleistung) geholfen werden. Eine Unterlassung der Hilfeleistung kann mit einer Freiheitsstrafe von bis zu einem Jahr geahndet werden.

Patientenverfügung

Eine Patientenverfügung garantiert dem Patienten eine Behandlung nach seinem Willen, wenn er nicht mehr in der Lage ist, seiner Absicht zur weiteren Behandlung Ausdruck zu verleihen. In einem solchen Fall ist der Arzt an die Verfügung des Patienten gebunden und muss nach nach der im Vorfeld angefertigten Verfügungen des Pationeten verfahren. Der wunsch nach einer Behandlung geschieht auf freiwilliger Basis, ein Patient kann jederzeit seine Behandlung abbrechen. Ist er dazu nicht mehr in der Lage, gelten die Dokumente, die er zuvor für diese Situation erstellt hat.

Problematisch sind auch teilweise nicht eindeutig definierbare Zustände des Patienten: Oftmals ist es aufgrund verschiedener Umstände nicht möglich zu bestimmen, ober der vom Patienten beschriebene Zustand, in dem er keine lebensverlängernden Maßnahmen mehr wünscht, erreicht ist.

Sterbehilfe im Ausland

In fast allen Industrieländern regt sich verstärkt der Wunsch nach Formen der Sterbehilfe. Die unterschiedliche Handhabung der Sterbehilfe in den Ländern führt zu unzähligen Diskussionen. Aktive Sterbehilfe ist heute nur in sehr wenigen Ländern legal.

Niederlande:

In den Niederlanden wird die aktive Sterbehilfe seit Anfang der 80er Jahre praktiziert. Obwohl auch dort kein Sterbehilfe - Gesetz besteht, das die Tötung auf Verlangen erlaubt, wird von der Strafverfolgung der "Todesärzte" abgesehen, solange sie sich nach einem Kriterienkatalog richten. Nach diesem Kriterienkatalog, verfasst von der Königlich-Niederländischen Ärztevereinigung (KNMG), müssen die Ärzte folgende Regeln einhalten:

"Der Todeskandidat muß seinen Wunsch zu sterben unbeeinflußt und bei klarem Bewußtsein erklärt haben. Sein Leiden soll schwer, ja unerträglich und durch keinerlei medizinische Maßnahmen zu lindern sein. Vor dem Euthanasie - Akt soll der behandelnde Arzt einen Kollegen zu Rate ziehen und schließlich, nach vollbrachter Tat, den Justizbehörden einen Fallbericht zusenden."

Anfänglich wurde die Euthanasie - Praxis der Niederlande als pragmatisch und human gelobt, doch sie ist zunehmend ins Zwielicht geraten. Viele Kritiker halten die Euthanasie - Praxis der Holländer für ein mißglücktes und gefährliches Experiment, da zahlreiche Ärzte offenbar gegen die selbst auferlegten KNMG - Richtlinien verstoßen. Ein Beispiel dafür ist, daß auch HIV - Infizierte, die noch keinerlei AIDS - Symptome aufweisen die Todesspritze erhalten. Des weiteren verzichtet man oft auf die Einwilligung der Todeskandidaten und auf die Dokumentation für die Justizbehörden. Mittlerweile ist die Euthanasie - Praxis in den Niederlanden wieder zu einem Streitpunkt geworden, und deshalb wurde der Plan, die Sterbehilfe gesetzlich zu verankern, aufgeschoben.

USA:

Durch Jack Kevorkian, der als "Dr. Death" bekannt gewordene amerikanische Arzt, ist die Sterbehilfe auch in den USA ein aktuelles Thema. Wegen seiner zweifelhaften medizinischen Experimente verlor er mehrfach seine Anstellung und konzentriert sich jetzt auf die Untersuchung von Sterben und Tod, speziell auf den unterstützten Selbstmord.

Bislang dürfen nur die Bürger der Bundesstaaten Oregon und New York das Recht auf aktive Sterbehilfe in Anspruch nehmen. 1996 hatten zwei Berufungsgerichte die dort erlassenen Euthanasie - Bestimmungen für legal erklärt. Inzwischen jedoch wurden sie von Behindertengruppen und Lebensschützern angefochten und werden derzeit noch vom Supreme Court (Oberster Gerichtshof der USA) geprüft. Amerikanische Verfassungsrechtler sind der Meinung, der Supreme Court werde die ihm abverlangte Entscheidung nach Kräften aufschieben, "bis zu diesem sensiblen Thema weltweit mehr Erfahrung vorliege". In 33 amerikanischen Bundesstaaten liegt ein Gesetz gegen ärztliche Sterbehilfe vor, 10 weitere Bundesstaaten stützen sich auf früher ergangene Urteile, die übrigen verfügen über keine klare Regelung.

Australien:

In der Provinz Northern Territory bewog ein liberales Sterbehilfegesetz erste todkranke Einheimische in den Norden des Kontinents zu ziehen. Das Gesetz erlaubt den Ärzten in Australien unheilbar kranke Patienten eine tödliche Injektion zu setzen. Obwohl das Gesetz erst am 1.Juli 1996 in Kraft trat, befanden sich schon mindestens zehn Menschen in Erwartung des "assistierten Selbstmordes." Gesundheitsminister Fred Finch warnt vor überstürzten Aufbrüchen und sagt, daß wenigstens zwei Hausärzte vorher in die Hilfe zum Freitod einwilligen müßten. Euthanasie - Gegner befürchten durch die Regelung Australiens einen "One - Way - Tourismus" (Touristen aus aller Welt pilgern nach Australien, um dort die tödliche Injektion zu bekommen).

Österreich

Grundsätzlich gibt es in Österreich drei Tatbestände: Tötung auf Verlagen ist die Giftspritze mit Einverständnis des Patienten, also die aktive Sterbehilfe. Sie wird mit einer Freiheitsstrafe von 6 Monate bis 5 Jahre geahndet. Beihilfe zum Selbstmord, die passive Sterbehilfe, wird ebenfalls mit einem Strafausmaß von 6 Monate bis 5 Jahre geahndet. Allerdings fällt es nach der österreichischen Rechtslage ebenfalls unter passive Sterbehilfe, einem todkranken Menschen auf dessen Wunsch den Giftbecher hinzustellen würde. Die Motive sind dabei uninteressant. Diese Materie ist klar geregelt.

Schwieriger ist die Rechtslage bei der Aushändigung eines todbringenden Giftes durch einen Arzt etwa. Dies könnte praktische geschehen, wenn jemand "vorbauen" und für den Krankheitsfall mit einem tödlichen Medikament ausgerüstet sein will. Diese Aushändigung allein wäre "Versuch der Beihilfe zum Selbstmord" und für sich genommen nicht strafbar. Wenn der Patient das Gift dann aber einnimmt, dann wäre es Beihilfe zum Selbstmord und demnach strafbar. Eine genauere Beurteilung kann aber immer erst in Kenntnis des Einzelfalles erfolgen.

Euthanasie im dritten Reich

Seit Kriegsbeginn 1939 konnte unheilbar Kranken" der "Gnadentod" gewährt werden. In bestimmten Anstalten (z.B. Hadamar bei Limburg, Hartheim bei Linz, Zuchthaus Brandenburg) wurden vor allem Geisteskranke, Epileptiker, Körper- und Geistig behinderte zusammengezogen. Vorerst galten diese Anstalten als Zufluchten für Geisteskranke, vor den sogenannten "Vollwertigen", wo den Kranken ein friedliches Leben unter ihresgleichen ermöglicht wurde. Hitlers Regierung bezeichnete damals seines Gleichen als "Vollwertige", wobei die Kranken als "Lebensunwerte" in der Bevölkerung hingestellt wurden.

Nach und nach wurden diese zum Teil nichtswissenden "lebensunwerten Menschen" von ihren "heimischen" Anstalten in größere Anstalten, z.B. Hadamar, gebracht. Oft mußte dabei Gewalt angewendet werden, da sich die Kranken aus Angst wehrten, obwohl sie Ziel und Grund des Transportes nicht kannten. Aus einigen Briefen von dort eingewiesenen Opfern kann man diese Angst erkennen. Zum Beispiel schreiben zwei Pfleglinge am 10. November 1940 an ihre Familien:

"[...] Ich lebe wieder in der Angst, weil die Auto wieder hier waren. [...] Das sind keine Vermutungen, das ist alles wahr, was ich berichte, die Regierung will nicht mehr so viele Anstalten und uns wollen sie auf die Seite schaffen. [...]"; "[...] Gestern sind wieder die Auto dagewesen und vor acht Tagen auch, sie haben wieder viele geholt wo man nicht gedacht hätten. Es wurde uns so schwer, daß wir alle weinten und vollends war es mir schwer, als ich M. S. nicht mehr sah. [...]" (Quelle: L. Schlaich, Lebensunwert ? Kirche und Innere Mission Württemberg im Kampf gegen die "Vernichtung lebensunwerten Lebens")

Unter anderem führten diese Massentransporte in die Anstalt Grafeneck, welche hundert Betten bereitstellte. Am Anfang sind pro Tag achtzehn Leute verstorben bzw. umgebracht worden. Im nächsten Monat steigerte sich die Zahl der Toten auf fünfundvierzig pro Tag. Insgesamt beläuft sich die Zahl auf rund 2600 Tote in zweieinhalb Monaten. In diesen Sammelanstalten, wie Grafeneck, wurden sie durch Injektionen oder Vergasungen getötet. Den Angehörigen wurde jedoch mitgeteilt, daß ihre dort untergebrachten Familienmitglieder eines natürlichen Todes gestorben seien. Trotz vorgetäuschten Bedauerns bemerkten die Ärzte in ihren Mitteilungsbriefen an die Angehörigen, daß das Leben der Verstorbenen

sowieso auf die Dauer lebensunwert gewesen wäre. Die offenen Proteste Geistlicher beider Konfessionen führten im Herbst 1941 zur öffentlichen Einstellung der Ermordung von erwachsenen Heil- und Pflege - Insassen. Auch Ärzte dieser Anstalten gaben ihre Bedenken an dieser Art der Tötung von Kranken bekannt. Einzeltötungen (wilde Euthanasie), Kindereuthanasie und Ermordung sogenannter "lebensunwerter" KZ-Häftlinge wurden jedoch fortgesetzt. Durch die massenhaften Morde und deren Vertauschungen wurde im Volk großes Erstaunen und Mißtrauen geweckt. Ein die Menschen beängstigender Zug hemmungsloser Brutalität ließ sich nach und nach erkennen. Dieser Eindruck entstand auch bei den Nachbarländern, was zu der Vertiefung des Völkerhasses und zu der Verlängerung des Zweiten Weltkrieges führte. Das nationalsozialistische Euthanasieprogramm war unabhängig von der Ausrottung der Juden und der Angehörigen der Ostvölker.

Vorschlag für gesetzliche Regelung

Es muss jedem Menschen zugesichert werden, dass er das Recht auf Tod hat.

Das bedeutet, dass jegliche Form der Sterbehilfe legal ist, wenn der Wunsch des Patienten, sterben zu wollen, klar ist. Um sicherzustellen, das niemand gegen seinen Willen getötet wird, könnte per Gesetz vorgeschrieben werden, dass ein Patient, der bei Bewusstsein ist, diesen Wunsch z. B. vor zwei Ärzten und einem Notar äußern muss. Für den Fall, dass jemand nicht bei Bewusstsein ist, könnte er vorher in einer Patientenverfügung festlegen, in welchen Fällen er getötet werden soll und in welchen nicht. Diese Patientenverfügung muss bei seinem Hausarzt gelagert werden, um sicherzustellen, dass sie nicht nach einem Unfall von Erben erstellt wird. Außerdem muss die Diagnose, ob die Symptome, bei denen der Patient sterben möchte, vorhanden sind, von 2 Ärzten einstimmig getroffen werden.

Ist es nach diesen Bedingungen klar, dass der Patient sterben möchte, so haben die Ärzte die Pflicht, ihm Sterbehilfe zu leisten - in der notwendigen Form. Auf Wunsch des Patienten soll somit auch aktive Sterbehilfe legalisiert werden.

Ist hingegen aus einer hinterlassenen Patientenverfügung klar, dass der Patient nicht Getötet werden Möchte bzw. ist der Patient bei Bewusstsein und äußert nicht den Wunsch nach Sterbehilfe, so sind die Ärzte selbstverständlich dazu verpflichtet, die Behandlung den Möglichkeiten entsprechend fortzuführen.

Hat hingegen der Patient keine Patientenverfügung hinterlassen und ist auch nicht mehr bei Bewusstsein, so müssen die Symptome, bei denen aktive bzw. passive Sterbehilfe geleistet werden darf, gesetzlich geregelt sein. Indirekte Sterbehilfe, also verfrühter Tod als Nebeneffekt einer notwendigen Behandlung, ist ebenfalls erlaubt.

Die gesetzlich geregelten Kriterien müssten ebenfalls wieder von zwei Ärzten überprüft werden. Außerdem müssen die nahen Angehörigen, soweit vorhanden, ebenfalls zustimmen. Mit nahen Angehörigen sind Eltern, Geschwister und Kinder (falls volljährig) gemeint. Sind beide Ärzte der Meinung, dass die Symptome des Patienten den Kriterien entsprechen, so darf Sterbehilfe mit Zustimmung der Angehörigen durchgeführt werden. Ein solches Kriterium wäre zum Beispiel, dass es unter keinen Umständen zu erwarten ist, dass der Patient wieder aus dem Koma erwacht. Diese Kriterien sollten von einem Gremium aus Ärzten, Politikern und Kirchenmitarbeitern festgelegt werden.

Es ist den Angehörigen hingegen nicht möglich, die Sterbehilfe zu veranlassen, wenn die Symptome nicht den gesetzlich vorgeschriebenen Kriterien entsprechen. Hat der Patient hingegen eine Patientenverfügung hinterlassen, so steht diese über den gesetzlichen Kriterien.

Durch eine solche Regelung würde gesichert, dass niemand gegen seinen Willen getötet würde, hingegen aber jeder, der sterben möchte, auch Sterbehilfe gelistet bekommt. Auch ist eine Massentötung, vergleichbar mit der im Dritten Reich, ausgeschlossen, da jegliche Form von aktiver und passiver Sterbehilfe nur auf Wunsch des Patienten bzw. mit Einwilligung der Angehörigen stattfinden kann.

Quellenangaben

Verschiedene Textstellen, insbesondere aus den Passagen Sterbehilfe im Ausland, Verschiedene Arten von Sterbehilfe und Euthanasie im dritten Reich wurden zum Teil wörtlich aus der folgenden Quellen übernommen

- http://www.mkz.de/sterbehilfe/index.asp
- http://www.m-ww.de/kontrovers/sterbehilfe.html

Zurück zum Anfang

Scetch

cara: **Hey, how are you?**

alica: **Oh, not really good. Have you heard that my grandmother has cancer?**

cara: **yes, you`ve already told me sometimes. How is she?**

alica: **Oh the disease is getting worse.she is so weak that she can`t do anything on her own except for lying in bed and sleeping. the pains are also getting worse and worse so that she doesn`t want to live anymore.l**

cara: **oh that`s terrible I`m so sorry! So you mean she wants to undergo euthanasia?**

alica: **what? Is this legal???IN Germany I think its forbidden.**

cara: **Haven`t you heard of advance directives (Patientenverfügungen)?**

alica: **Sure but my grandmother didn`t thought of this and the process without a advance directive is very long.**

cara: **In my country, the Netherlands, ii`s allowed when someone is in unbearable suffer.**

alica: **Oh that`s interesting. I didn`t know euthanasia could be legal.**

cara: **Of course! In Switzerland there is an organization called "Dignitas" which provies help to people who want to die, too. According to the bill in Luxembourg euthanasia is legal but two Docters have to ensure that the patient has a terminal illnes. It`s the same in Belgium as well.**

alica: **thank you for your wonderful help and the interesting information. Now I want to visit my grandma and tell her about all those things. Bye!!!**

cara: **Bye bye!**