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**HEALTH** - The discussion on the themes of end-of-life and assisted suicide is addressed with renewed attention by the German Catholic environment. The case of Brittany Maynard, a 29-year-old woman from the US affected by terminal cancer who took her own life a few days ago, contributed to reviving the debate. Lay German and Austrian associations are actively engaged in the public debate, also in view of the fact these two Countries are at the forefront in the field of palliative treatments and assistance to terminal patients. Professor

**Marcus Schlemmer**

, Chief of the Palliative Treatment ward at the "Barmherzige Brüder" hospital in Munich, has shared with Massimo Lavena for SIR Europe, his professional and personal reflections on this theme.

***The German experience in the field of palliative treatments is a point of reference in Europe. Which patients are under treatment? What form of assistance is available for patients and for their families?***

"Most of our patients are cancer patients, but there are growing numbers of patients with neurological, pulmonary and advanced heart pathologies. Our daily job is centered on the control of the symptoms, in other words, we treat the pain, respiratory failure, the condition of the ileum as well as the patients' anguish. Somatic pain is almost always associated with 'spiritual' pain. From this point of view, besides assisting patients and their relatives with somatic therapies, a therapy for the soul is also necessary. What the patient and his family both need is a feeling of security, freedom from pain and human dedication".

***How does public opinion perceive the possibility of going towards death with dignity without resorting to euthanasia or to assisted suicide?***

"In Germany the current debate is hampered by a lack of clarity on the concepts used. Terms such as active euthanasia, passive euthanasia, euthanasia, assisted suicide are often confused. Active euthanasia is punishable in Germany and is firmly rejected by the majority of physicians and the overall population. To allow patients suffering from serious pathologies to die, namely, to accompany them to death, is the purpose of palliative medicine. From this point of view, in Germany you can still die with dignity without committing suicide or being killed, which corresponds precisely to euthanasia".

***A recent statement by three major German and Austrian Catholic associations (ZDK, KAOE and AKV) expresses firm rejection of assisted suicide and of the belief, which is gaining grounds also among healthcare professionals, whereby favouring the death of a terminally ill patient is disrespectful of human beings. How could this claim be countered?***

"Article 1 of the Fundamental Law (Constitution) of the Federal Republic of Germany stipulates that human dignity is intangible. According to Art. 2, the weak, sick and dying persons in particular should benefit from special protection, especially in the process of death. This protection refers to life. Many patients in serious conditions after a long period of suffering wish to put an end to their lives and no longer be subjected to "technical" medicine. This desire is legitimate and unfortunately physicians don't always respect it. If a human culture of letting them die is practiced, increasingly fewer numbers of people will want to commit suicide. Only few patients plan their death. We have the duty to strip these patients of their desperation, fear and solitude".

***As a doctor, how would you view your relationship with a terminally ill patient if assisted suicide became legal?***

"Active euthanasia has no chances of being legalized in Germany and it will always be punishable by law. If a law were to legalize assisted suicide by doctors, the risk is that increasing numbers of old and sick people could feel they must stop being burden on their families and society, and decide to practice assisted suicide instead. It would be a dreadful development. A free society, that has grown on the Christian concept of the human person, that protects human life regardless of disease, disability or age, cannot legalize active euthanasia. I would never assist the suicide of a patient but I would help him/her not to be afraid, to face his/her legitimate desperation and I would accompany him/her to death".

***Your experience entails a daily witness of extreme pain and suffering: what is the testimony of the patients?***

"Daily experience with terminally ill patients shows that unbearable suffering can be alleviated with the help of multidisciplinary palliative care practiced by nurses, doctors, social workers, physiotherapists, priests, to ensure that people can live with this situation or even die. In my twenty years of clinical experience, I met less than ten patients who wanted to end their life. Conversely, patients who wanted to go to Switzerland with the help of assisted suicide organizations such as Dignitas, but then were treated by us, have changed their minds and no longer wanted to commit suicide".

Source: Servizio Informazione Religiosa, November 07, 2014