



PRESS RELEASE

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The German National Ethics Council presents its Opinion on end-of-life care

After a period of intensive deliberation, the National Ethics Council is today (Thursday) issuing its Opinion Self-Determination and Care at the End of Life. This document continues the discussion of the themes addressed in the Council's Opinion on the advance directive published in June 2005.

The Council has thoroughly discussed the issues involved in dealing responsibly with the process of dying. It has perused a large volume of material, obtained expert opinions, consulted with doctors and other medical specialists, and held meetings in Augsburg and Münster at which it exposed itself to the ongoing vigorous public debate. The outcome is enshrined in the recommendations now presented.

The National Ethics Council proposes that the current terminology of active euthanasia, passive euthanasia and indirect euthanasia be abandoned on the grounds that it is not only open to misunderstanding but also in certain respects misleading. Decisions and actions at the end of life which directly or indirectly affect the dying process and the onset of death can be appropriately described and distinguished by the use of the following terms: end-of-life care; therapy at the end of life; letting die; assisted suicide; and killing on demand.

With regard to end-of-life care and therapies at the end of life, the Council emphasizes that everyone who is incurably ill and dying is entitled to be treated, nursed and cared for in conditions of respect for his or her human dignity. All measures involved in end-of-life care and therapies at the end of life must be subject to the wishes of the patient concerned. Adequate palliative care must be provided for every incurably sick and dying individual. For this purpose, doctors must be able without fear of prosecution to give priority to the patient's quality of life over the maximum possible prolongation of life. Sufficient provision of inpatient and outpatient care in nursing homes, palliative care wards and hospices is urgently necessary, and the availability of interdisciplinary training and advanced training for doctors and nurses who treat the seriously ill and the dying must also be increased on an urgent basis. The role of the voluntary sector in

The German National Ethics Council

The German National Ethics Council's task is to provide a forum for interdisciplinary discourse between the natural sciences, medicine, theology and philosophy, and the social and legal sciences.

It expresses views on ethical issues relating to new developments in the field of the life sciences and on their consequences for the individual and society.

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end-of-life care should be actively promoted and supported, and family members should have access to competent advice on the availability of nursing and other care for the seriously ill. The employment laws should provide for leave so as to allow close relatives to care for a dying person.

One aspect of “letting die” is that everyone has the right to refuse a medical measure even if it has the potential to prolong his or her life. The same applies where a patient is incapable of expressing his or her wishes provided that the refusal can be inferred with sufficient certainty from an advance directive or other reliable indication. In the absence of definite information on a patient’s wishes or if the patient has been unable to formulate such wishes, penal and professional sanctions should not be applied if, having regard to the prospects of success, to the patient’s suffering and to the patient’s probable life expectancy, a medical treatment is no longer indicated and is therefore withheld, limited or withdrawn. The preservation of life must take precedence in cases of doubt.

With regard to suicide, suicide intervention and assisted suicide, both the law and social practice should continue to be directed towards dissuading people, even if seriously ill, from taking their own lives and towards offering them prospects for life. If, where a gravely ill person attempts suicide, there are clear indications that the attempt is underlain by a seriously considered decision and that the individual concerned does not wish to be rescued, then, in the view of the majority of the members of the National Ethics Council, persons such as doctors or family members who have a particular duty in relation to the welfare of that individual should be allowed to desist from intervening without fear of prosecution. Some Council members consider it necessary to restrict this possibility to situations in which death from the serious illness is manifestly imminent.

Opinions within the National Ethics Council on the permissibility of physician-assisted suicide and organized assisted suicide diverge. However, the Council unanimously declares its opposition to the assistance of suicide for profit, which in its view should be a criminal offence.

Killing on request (Section 216 of the Penal Code) should remain a punishable offence.

The German text of the Opinion Self-Determination and Care at the End of Life can be accessed online at:

<http://www.ethikrat.org/stellungnahmen/stellungnahmen.html>

An English version will be available in due course.

