

Palliative Care or Assisted Suicide? **by Michael Cheng-tek Tai, PhD**

A Case

Fu Daren (April 3, 1933 to June 7, 2018), a well-known sports anchorman of Taiwan Television Company for broadcasting NBA events, vehemently chose assisted suicide instead of palliative care to solve his suffering when faced with unbearable pain of a pancreatic cancer. Palliative care was suggested to him, but he pleaded for the president to legalize euthanasia in Taiwan so he could die. His request failed, and he flew to Switzerland for an assisted suicide procedure where he eventually died. His death evoked much debate in Taiwan about euthanasia. The Taiwan Medical Association has expressed that the hospice program in Taiwan has been well-established and is ready to provide any help to those dying with terminal cancer.¹

Fu said in an interview, "I had my gallbladder and half of my stomach removed and now suffer from pancreatic cancer, losing weight from 74 kg to 48 kg. I would rather die than be alive in this painful way." He flew to Switzerland and applied to Dignitas, the organization of "death with dignity," in November 2017. He qualified for his membership and paid his fee then prepared himself to die. Then his son phoned to say he was getting married and wished his father would return to Taiwan to attend the wedding and enjoy a much-needed good time with family, so he postponed his treatment of death and came home for the celebration. He enjoyed his time with his family for the last time and took off to Switzerland and announced on Facebook on June 2, 2018, "this time, I came to Switzerland to be Taiwan's first patient to die with dignity. I won't be back again! Goodbye!" On June 7, 2018, Fu Daren went through assisted suicide and died.^{2,3}

Is Palliative Care Not Good Enough?

Fu's death provoked much debate in Taiwan, and an appeal to legalize euthanasia has also been waged since. A proactive supporter of euthanasia in Taiwan named Lai spoke out to advocate the legalization of euthanasia: "Do as you wish" and "respect my liberty and choice".⁴

Taiwan's parliament, the Legislative Yuan passed the Patient Self-determination Act on Dec 28, 2015 to give patients the right to stop treatment in five clinical situations at the end of their lives. The five clinical conditions to which the law applies are terminal patients; patients with irreversible comas; patients in a persistent vegetative state; patients with advanced dementia; and patients with other conditions categorized as incurable. This Act is the first in its kind in Asia and has been enforced in Taiwan since 2016. This act clearly states a patient's rights will be respected, and recommends hospice instead of euthanasia but that does not satisfy euthanasia promoters. Those who oppose however argued that palliative care is available to alleviate the pain for the terminally ill patient. Humankind does not have an absolute right to do whatever he pleases. Still, euthanasia activists persist in fighting. For them, palliative care can only prolong the suffering and does not really respect the right of autonomy of those who want to die.

Does Autonomy Have Its Boundary?

Autonomy is one of the most important principles of medical ethics. Under this principle, no medical procedure can be carried out unless a patient consents to it. In research ethics, informed consent must be sought before an experiment begins. This principle has become an excuse of many who insist “do as I please,” “follow your heart” or “if it feels good, do it.” It is a personal right, and it should be respected. In the clinical sense, does it mean when a person is living in excruciating pain and seeking relief (including death either by assisted suicide or active euthanasia) he or she should always be justified in the name of autonomy?

Euthanasia is not an absolute right for those who seek to end life. Many cases have proven autonomy is not absolute. For instance, Elizabeth Bouvia, who suffered from cerebral palsy which left her completely bedridden and dependent, requested to starve to death but was denied.⁵ This case did not affirm her right to die simply because she wanted it. Bouvia’s case has become a landmark decision regarding the right to freedom of choice.⁶ A person cannot be granted his or her wish to do whatever he or she likes simply because of his or her right of autonomy. In a clinical sense, when a patient desires euthanasia in a country that legalizes such a procedure, certain conditions are required before the wish is granted. Some of these conditions include: a patient must be terminally ill with a life expectancy of less than six months; the prognosis must be confirmed by a second consulting physician; both doctors must agree the patient is capable of making the decision; and both doctors must also concur the patient does not have medical condition impairing their judgment, among other conditions.⁷

In other words, autonomy has its boundary. Indeed, autonomy is an important principle in medical ethics, but we must not forget medical ethics should be considered under the umbrella of sanctity of life which affirms rather than negates life. It sees life from a constructive not destructive perspective. Simply put, life is to be confirmed and not to be denied. Therefore, palliative care is a better choice than euthanasia because it does not negate life but respectfully follows the natural flow of life.

Is Palliative Care Passive Euthanasia?

Euthanasia includes four different types: active voluntary, active involuntary, passive voluntary and passive involuntary. The active method is terminating life by artificial means either through lethal injection or liquid drug. The passive method is allowing life to take its own course in a natural way either by withholding or withdrawing treatment when any treatment is regarded as futile and no possible benefit toward a patient is expected.⁸ When treatment is suspended, however, the patient is admitted to hospice for palliative care. The physicians and staff do not give regular order of treatment. Rather, there is a lot of touching, handholding and listening with an emphasis on honest communication with both the patients and their families. Patients are given pain killers to provide them as much comfort as possible from a care team made up of social workers, clergymen, physicians, nurses, volunteers and friends to ease their fear and encourage them to face the situation with dignity.

Strictly speaking, palliative care is not a form of euthanasia, even though some will argue it is. The main point of contention is the use of an artificial means to terminate life before its

natural end. Palliative care respects the flow of nature and relates with empathy to make sure the patient is comfortable to face the end in peace.

Instinct to Live and to Die

Sigmund Freud said humans have two instincts: of life and of death. He originally described the drives of humankind as life instincts that are responsible for much of our behavior. Ultimately, he believed life instinct by itself could not explain all human behaviors. With the publication of his book *Beyond the Pleasure Principle* in 1920, Freud concluded all instincts fell into one of two major classes, namely, life instincts or death instincts.⁹ Indeed, when a person is hungry, he will eat, and when he is tired, he will rest. When a person is sad or angry, he may cry and, at times, become aggressive or attempt risky acts.

Instinct, however, is different from right. Instinct is a desire from within, but right is given when one is born. No living person knows he or she will be born, nor do our parents ever ask our consent before we are formed in our mother's womb. In fact, our parents have no idea the baby they brought into this world is you or me. Therefore, our life is a gift from God, we have no choice or freedom to say no to that gift. Life is not something we can request or reject. In our earthly lives, we can decline a material gift or a social invitation, such as a young lady saying no to a marriage proposal. This is a right, but to be born in life itself is not our choice; it is either predestined or accidental. Therefore, how can we speak of an absolute autonomy to decide our own fate in living or dying?

Autonomy is only possible when, after birth, we exercise within life of earthly things but not with life itself. We normally say every person has a right to make decisions and enjoy liberty. No doubt we do have that right, but it should not include life or death because those decisions are in God's hands. Although the "right to consent" has been recognized as a matter of fact in our daily lives, that right should be understood and carried out in the given circle of life. Chuang-tze, a sage in Taoism, went fishing when his wife passed on. His disciples were puzzled and asked him how he could not feel sad for what happened. Chuang-tze replied, "It is the way of Heaven. If I were wailing, it would proclaim my ignorance of the natural law."¹⁰

The Duty to Live

There are two types of instincts after birth: the desire to survive and the wish to die. People will try their best to survive, work hard to make ends meet, endure the pain and seek medical treatment whenever needed in order to recover. When a person's physical and mental pain exceeds the load, he or she seeks relief and sometimes wishes to liberate him or herself from life. But, as the father of Chinese medical ethics, Sun Simiao, said, "Life is of paramount importance, heavier than a thousand pounds of gold."¹¹ Confucius also said, "Our body is a gift from parents, and we should not harm it in any way."¹²

Confucius said each person is born with certain purposes, and everyone should fulfill his duty of life. When a young mother suffers from an incurable disease, she seeks medical help and wants to live on so she can take care of her baby. When children are still young, parents want to grow old and look after their children and help them in any way because of love. This love of children is a duty. If a person in his or her old age suffers from sickness but he

or she has someone depending on him or her socially, financially or emotionally, this person will try to seek help so he or she can live for the dependent's sake. When a person is needed, it is his or her responsibility to live for others even for a short period of time because it will provide them with a sense of value. Thus, when a person is seriously ill but someone else is in need of his or her companionship, his or her existence is not meaningless. If my existence can empower others, it will have the value and purpose to live on.

Orville Kelly suffered from an incurable disease at the age of 42. He was depressed but later decided to make his days count. Each day can be a day of either happiness or despair. So, he started the Make Today Count campaign. He wrote, "I do not consider myself dying of cancer but living despite it. I do not look upon each day as another day closer to death but as another day of life to be appreciated and enjoyed."¹³ The national organization of Make Today Count was established in 1974 aiming to: help patients and their families cope with life-threatening illnesses; improve the quality of life for all persons with serious illnesses; identify emotional problems of life-threatening illnesses while teaching people to cope with those problems, promote openness and honesty in discussing and dealing with a serious illness and assist the professional in communicating and meeting the needs of the patient, family and friends who are faced with a life-threatening problem.¹⁴

This movement inspires people. For as long as a dying patient does something meaningful each day, that day is a day of great accomplishment and a day full of life and joy. One can read a heart-touching book, pray or encourage a patient to face the challenge of pain or hear an uplifting word that strengthens and inspires others. These are valuable experiences. Therefore, until the last sunset, all patients should try to make every single day meaningful, live bravely and learn from pain.

What Can We Learn from Fu's Case?

Fu Daren is to be respected for his courage in accepting death. Undeniably, nobody can escape the reality of death, but if he or she opted for palliative care, that person could enjoy more days with family and even help others face the end with courage. When he was ready to go through with assisted suicide in Switzerland and received his son's phone call about the wedding, Fu changed his mind and returned home for the occasion. So, we see when there is something meaningful awaiting, a dying person can still find extra energy to make his or her day meaningful and worthwhile. Each day can be a day of surprise and happiness if one tries. Physical pain can be checked, and palliative care can find ways of offering comfort. Life is to be confirmed and not negated. Though we do not deny the right of choice, life itself is a gift and should be cherished until the last moment.

Educating people to maintain a positive attitude toward life and death is important. Our society lacks this kind of dialogue. Mr. Fu demonstrates we should discuss the meaning of life as often as possible to people of all ages so we can develop the awareness that life is worth living.

Conclusion

To die or to live? Even on one's death bed, a person can still make his or her day count as long as he or she has a positive attitude toward life. Palliative care is a way to help each person face the inescapable end, and palliative care units must try to find better ways of tending to help each patient live his or her final days in a positive frame of mind. We have no right to decide our own death since life is a gift from God. Thus, we must try to make the best of it. To help people develop a positive attitude toward death is the task we must undertake, so we can serve perishing patients in facing the reality of death with courage, ease and fullness of love.

About the Author

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¹ The Report magazine, Taipei, Taiwan. April 25, 2017

² For a Better Life magazine, Taipei, Taiwan. May 1, 2018

³ zh.wikipedia.org. on Fu Daren.

⁴ Apple daily, Taipei, Taiwan June 14, 2018

⁵ Edge RS, Groves JR: Ethics of Health Care. Delmar Publishers, Toronto.1999: 154

⁶ Bouvia vs Supreme Court, 179 Cal. App 3d 1127: 1986

⁷ Kitchener B, Jorm AF: Conditions required for a law on active

voluntary euthanasia: a survey of nurses' opinions in the Australian Capital Territory University of Canberra, Australia. Journal of Medical Ethics , 1999;25:25-30

⁸ Edge RS, Groves JR: Ethics of Health Care. Delmar Publishers,Toronto.1999:166

⁹ Mitchell S. and Black M: Freud and Beyond: A History of Modern Psychoanalytic Thought. New York: Basic Books/Hachette Books;2016: 13

¹⁰ Tai MC: The Way of Asian Bioethics. Princeton International Publishing Co,Ltd, Taipei, Taiwan 2018:63

¹¹ Zheng Bocheng, The King of Medicine: Sun Simiao, Journal of Traditional Chinese Medicine 1986; 6(4): 210-211.

¹² op.cit. Tai: 97

¹³ Kelly OE: Make Today Count in Journal of Death Education. Vol 1 (2). 1977: 159-164

¹⁴ 14.Bradfield CD, Myers RA: Make Today Count; A Mutual Support Group for the Dying in Mid-American Review of Sociology, Vol. 5, No. 2 1980: 91-100