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CASE REPORT

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Assisted suicide bordering on active euthanasia

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Abstract A 44-year-old woman was almost completely paralysed after a severe brainstem haemorrhage. Even after several years of efforts at rehabilitation, she remained completely dependent on the help of others. However, a special device enabled her to administer (after careful preparation) liquids through the PEG catheter despite her poorly coordinated movements. Four years after the stroke, the woman joined a right-to-die society with the wish to bring her life to an end. A doctor working with this organisation prescribed her a lethal dose of pentobarbital. In the presence of her husband and her companion from the organisation, the woman administered herself the lethal substance by means of the device. On the basis of the fact that she herself had switched the device on this death was classed as (assisted) suicide.

Keywords Voluntary active euthanasia · Assisted suicide · Pentobarbital

Introduction

Under Article 115 of the Swiss Penal Code, assisting in suicide without any self-interest has not been illegal for almost 100 years. Against this background, right-to-die organisations in Switzerland offer assistance in suicide ("Freitodhilfe") for those suffering from an "incurable disease with unbearable pain" [1] or from a "disease that will inevitably lead to death or an unreasonable disability" [2]. The barbiturates used for the suicide are prescribed in a lethal dose by the family doctor of the person wanting to die or by a doctor working with the right-to-die organisation. Assistance with the suicide itself is usually given by a non-medical "companion" from the organisation [3].

In recent years, this practice has extended to include the introduction of an infusion of a lethal dose of pentobarbital [4]. These cases have been classed by the investigating authorities as assisted suicide, since the final decisive step causing death was actually carried out by the person wanting to die [5]. In the Netherlands, however, physician-assisted suicide is almost exclusively taken to mean prescribing or supplying lethal substances for oral ingestion [6]. Approximately 100 suicides are assisted by the Swiss right-to-die organisation "Exit Deutsche Schweiz" each year. In 2000, almost one-third of these suicides were committed using the parenteral route of administration [4], mainly by persons affected by severe disease rendering them unable to swallow. This case report describes an even greater degree of assistance in suicide for a person with marked paralysis. It shows how close the practice of Swiss right-to-die organisations can come to voluntary active euthanasia.

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Case report

Past medical history

A 44-year-old woman with long-standing hypertension suffered severe haemorrhage into the pons in early 1997. According to the medical report, she suffered from locked-in syndrome for several weeks with a subsequent clinical picture of tetraparesis, tetra-ataxia, severe dysarthrophonia and neurogenic loss of bladder control. Difficulties in swallowing required a percutaneous endoscopic gastrostomy (PEG) catheter.

Admissions to rehabilitation centres over several months brought slight improvements in speech and peripheral motor function. Future use of a computer with a specially-adapted keyboard was considered realistic. However, the woman remained bound to a wheelchair, had to be fed puréed food, and her dysarthric speech remained largely unintelligible to those outside her immediate circle.

Between admissions she lived at home and was cared for by close relatives. Her husband who was a technician constructed a device (Fig. 1) which, after careful preparation, enabled her to administer liquids through the PEG catheter despite poorly-coordinated movements.

Planning and carrying out the actions leading to death

Four years after the stroke, the woman joined a right-to-die organisation. Relevant documents were signed on her behalf by her hus-

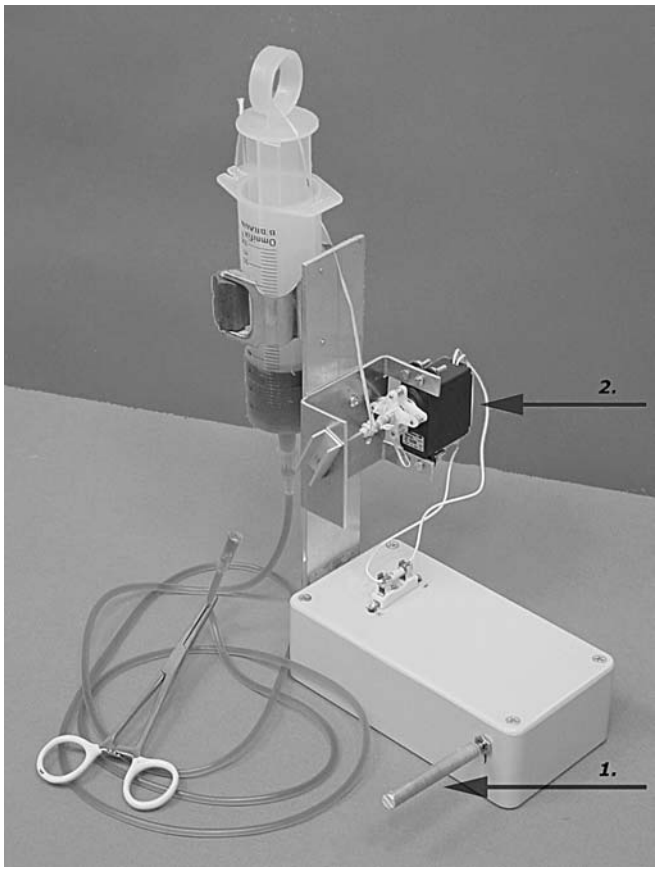

Fig. 1 Device constructed to enable the paralyzed woman to administer liquids through the PEG catheter. A long, easily-movable switch *(1)* allows a small battery-driven motor *(2)* to be started with only minimal effort. The attached spool rolls up a thread which, as it shortens, starts the syringe moving

band, while a notary confirmed that, although unable to speak or write, she was in complete possession of her mental faculties and fully able to understand the documents.

Ten weeks later, she submitted a written request to die to one of the doctors working with the right-to-die organisation. The reason stated was that since her stroke she had been completely dependent on the help of others and, given the only moderate success of therapy, she had lost all hope of substantial improvement. A recent assessment by a specialist in neurology and psychiatry, concluding that the patient was of sound mind and well-modulated affect with ambivalent to depressed mood, accompanied the request. There had been no significant neurological changes or improvement in the clinical picture since 1999. Confronted with her request, the doctor prescribed a lethal dose of pentobarbital.

Investigation of the death

This patient's death was officially notified by the right-to-die organisation the same day. The report stated that in the presence of her husband and her companion from the organisation, the woman administered 15 g pentobarbital herself by means of the device constructed by her husband. Routine investigations into a death from unnatural causes were undertaken: the police and the coroner were called in, and the body was examined in situ by the forensic medical officer. A post-mortem examination was also carried out which confirmed extensive old bleeding into the pontine region. The cause of death was found to be "compatible with barbiturate poisoning" and the nature of death "compatible with suicide"; the investigation was closed.

Discussion

Following a parliamentary intervention, the Swiss Federal Council set up a working group in 1996 to consider the question "whether medical end-of-life decisions can be dealt with by legislation or whether they must ultimately remain within the domain of the medical profession's practice and duties". In the report published in 1999 [7], the majority of the group was in favour of non-penalisation of voluntary active euthanasia, with certain restrictions. One year later, the "Cavalli initiative" [8] was launched with the aim of putting the proposals of the working group majority into practice, so that, in the words of the initiator Cavalli, "those who are unable to take their own lives still have the right to commit suicide" [9].

However, since in Switzerland assistance in suicide without self-interest is already not penalised and openly practiced by right-to-die organisations, the question arises who would actually benefit from a further relaxation of the law. It can be assumed that the working group had in mind cases of severe disability, where difficulties in swallowing or extensive paralysis would not allow suicide by oral ingestion. At the time of drawing up their report, it was apparently not known to the working group that since 1997 Swiss right-to-die organisations had themselves extended their practice to include setting up infusions and that this practice was tolerated by investigating authorities as assisted suicide. It was possibly the subsequent awareness of the extensive practices of the Swiss right-to-die organisations that led to the Cavalli initiative being decisively rejected by Parliament in December 2001 [10].

Difficulty in swallowing and poor absorption and therefore the inability to ingest lethal substances, are not uncommon in people suffering from a terminal illness. The opinion has even been expressed that suicide assistance with oral preparations is not sufficiently effective [11]. On the other hand, cases where paralysis makes it impossible for a person to take lethal substances by mouth are relatively rare.

Our case report shows that right-to-die organisations can find a way to assist even people with extreme disability to end their own lives. However, these practices give rise to questions which have not previously been sufficiently discussed in Switzerland. From the medicolegal point of view, it must be noted that in these cases it is difficult after the event to prove who was the acting person. Similar problems arise when investigating other rare deaths such as treatment-related suicides [12] or deaths involving self-injection, self-stabbing or provocated violence [13, 14, 15]. Furthermore, the medical nature of these procedures, such as setting up the infusion and the use of a gastric catheter, stands in contrast to the fact that the role and responsibilities of the doctor in suicide assistance offered through right-to-die organisations have not yet been legally defined in Switzerland [16].

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