



South African Unit of  
the UNESCO  
International  
Network in Bioethics

# Steve Biko

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## Centre for Bioethics

### Euthanasia: Policy and Ethics SAMA Conference (2015)

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# Introduction

- Centuries old debate : no nearer to consensus
- Presentation Plan:
  - Euthanasia EPSCI

# Ethical Debate : Proponents

- people have a right to self-determination – therefore to be allowed to choose their own fate;
- assisting someone to die might be a better choice than requiring they continue to suffer;
- distinction between passive euthanasia and active euthanasia is not substantive
  - principle of doctrine of double effect—is unreasonable or unsound
- should be allowed to die in dignity
- permitting euthanasia will not necessarily lead to unacceptable consequences.

# Ethical Debate : Opponents

- unbearable pain is seldom the issue;
- alternatives to euthanasia are available;
- distinction between active and passive euthanasia is morally significant – terminology problematic;
  - principle of doctrine of double effect—is reasonable and sound
  - *Clarke v Hurst NO* 1992 : Common sense approach in face of medical futility
- should live in dignity until the very end
- legalising euthanasia will place society on a slippery slope which could lead to unacceptable consequences.

# Slippery Slope

- 24 July 1939, Gerhard Kretschmar - severely disabled infant in Germany killed as first "state-sponsored euthanasia".
- parties consenting to killing : Hitler's office, parents, Reich Committee for the Scientific Registration of Serious and Congenitally Based Illnesses.
- the killing of the disabled infant—born blind, missing limbs, convulsions, and reported as "an idiot"— provided rationale for secret Nazi decree leading to 'mercy killings' of almost 300,000 mentally and physically handicapped people.
- Kretschmar's killing received parental consent - most of the 5,000 - 8,000 children killed afterwards - forcibly taken from their parents.

1. Genocide Under the Nazis Timeline: *BBC*

2. Named: the baby boy who was Nazis' first euthanasia victim, *Telegraph*, By Irene Zoech in Berlin, 2003

# Ethical Guidance : Ancient to Contemporary

- Hippocratic Oath:
  - "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death"
- WMA Declaration of Geneva:
  - "I WILL MAINTAIN the utmost respect for human life"
- WMA Declaration of Venice on Terminal Illness:
  - "The World Medical Association condemns as unethical both euthanasia and physician-assisted suicide"

- HPCSA: Booklet 12
  - life has a natural end (1.1)
  - any medical intervention where the health care professional's primary intention is to end the patient's life is contrary to the ethics of health care (1.2)
  - Council finds active euthanasia, or the wilful act by a health care professional to cause the death of a patient unacceptable, notwithstanding whether or not such an act is performed at the request of the patient or his or her closest relatives or of any other person. (1.3)
- Patients' Rights Charter:
  - A right to "palliative care that is affordable and effective in cases of incurable or terminal illness"

- SA Context: ↑poverty; ↓healthcare access; ↓literacy; ↑unquestioning acceptance of authority; ↑vulnerability
- Conception of personhood
- Unequal society : ? Palliative Care for those who can afford and euthanasia for those who cannot???



- 80% reliant on a public health system:
  - that Minister Motsoaledi has characterised it as ‘second rate’.
  - an environment in which notion of informed consent for routine procedures unevenly understood and applied
  - not a safe environment for implementing euthanasia
  - presents real risk of euthanasia becoming default option to make up for deficiencies in care and competence.

- *“South Africa lacks an ethos of respect for human life. We are an extraordinarily violent society with over 45 murders committed every day. Mob justice, brutal police killings and xenophobic murder have become part of our social fabric. In the circumstances, the value of human life has taken a knock in our national psyche, not least within the health professions. Without seeking to malign health professionals most of whom are both competent and caring, the fact remains that needless deaths occur regularly in our hospitals through staff neglect and indifference. Patients are sometimes scolded and assaulted. Health professionals have been known to down tools and abandon critically ill patients during labour disputes, and blocking ambulances from entering health facilities.*
- *From a public policy point of view, for the state to sanction the deliberate taking away of a life would send the wrong message.”*

# Key Points

- Compelling arguments for and against
- Centuries old debate
- International & National Ethical Guidance – condemns the practice
- Socio-cultural considerations cannot be ignored
- Palliative care is a human right