

END-OF-LIFE CARE: NO TWIN-TRACK POLICY

On the occasion of the World Hospice and Palliative Care Day 2007, the president of the Federation Palliative Care Flanders (FPCF) formulated his vision on the relation between palliative care and euthanasia. The text has been validated by the FPCF board of directors as being the official vision of the organisation. However, this vision is not meant to be the end of an ideological discussion. Far more, it is only a tentative conclusion in the dialogue between health professionals who put the care for the patient and his family first.

In the hearts and heads of palliative patients who are slipping away towards the end, death by euthanasia is no longer an exceptional situation. Palliative care workers, who try to comfort their patients day and night, are well aware of that. They no longer discuss the subject with their patients or with the media. They know through 'empathy'. They know that a sound care - from the ethical point of view - is of greater importance than polarised ideological visions, which – sometimes vigorously defended by day - are no longer relevant during those last nights. These positive ethics of care – to do whatever is still possible at the end of life, i.e. palliative care – results in doing the 'right thing' in team. Very often, this option is radically different from just continuing the medical treatment of the last months or years. Today, in Belgium, 'doing the right thing' can be euthanasia, provided that it is done very carefully and on request of the patient. In the experience of these patients, staying alive is worse than dying.

Some health professionals raise fundamental objections to euthanasia. They deserve the utmost respect for their soul, their conscience. However, they or their organisations sometimes express their inner conflict by rather negative expressions: "not in our institution...", "we will say it beforehand...", "euthanasia is not a duty, it can not be enforced...". But this negative attitude towards a human being in despair is in se distressing. A team - not to mention the patient - doesn't feel good when referring a patient to another institution. The Federation Palliative Care Flanders suggests a much more positive role for those colleagues who have these profound inner objections. They are invited to hold their participation into the care of their patient, even if he asks for euthanasia. They have not to

participate in the act of euthanasia itself, but in the most careful care for this patient. This is not to be seen as euthanasia being recuperated by palliative care. On the contrary: the teamwork and interdisciplinary attitude of palliative care guarantees a patient-centered approach.

The Federation Palliative Care Flanders states herewith the fact that the minds have changed the last few years. Palliative care workers who didn't feel comfortable with euthanasia in the beginning, nevertheless felt respected by the team. More and more, they dare to live the palliative care philosophy of 'staying close to the patient and allowing him his own death'. Even if that means euthanasia, even in institutions that at first didn't know how to deal with it. Every case, carefully considered and treated, is a valuable lesson.

As a result of this bedside teaching and experience, the Federation wants to discourage a twin-track policy, in the field as well as in training and education. On behalf of its members and of many palliative care workers, the Federation stresses that every patient is entitled to respect for his choice. The demand for euthanasia should be seen from this point of view and not primarily as an ethical problem for the health professional.

The aim is not only 'to live as long as possible', but also 'to live as well as possible till the end'. The fundamental goal of end-of-life care is to perform both aims, in dialogue, in team, for the benefit of every human being. In our high-tech but quickly ageing society, this is a huge assignment which should be reached in harmony between palliative care and euthanasia. It requires attention, political choices and financial means, especially in retirement homes (in Belgium). We hope our future politicians will come to understand this issue from inside and integrate the necessary stimuli for it through their policies.