



Opening Statement on Assisted Dying

Danish National Council on Ethics

Thank you for the invitation to present the recommendations of The Danish National Council on Ethics.

The council presented its recommendations to The Danish Parliament in October 2023.

Taking a position on the subject of assisted dying, the Council has followed two paths. First, a review of the most important ethical arguments for and against assisted dying. Second, a presentation of the most important features of two different models for assisted dying, as implemented in Oregon and the Netherlands, respectively.

The Council's recommendations must be seen in light of one overriding insight: assisted dying is not a uniform phenomenon, but exists in different variants. Therefore, it is crucial to be aware that if you legalize assisted dying, it is above all the model that determines the consequences.

The reason why the Council considers it important to relate concretely to models in other countries, is that you cannot answer what the consequence of legalizing assisted dying will be without specifying which model you are talking about. In the Netherlands, which allows euthanasia and has no requirement for terminal illness, the number of people who die through assisted dying is 10 times greater than in Oregon, which only allows assisted suicide and requires a terminal illness.

Now for the Council's recommendations.

The decision to request assisted dying is a serious one. So is the decision to offer assisted dying. If assisted suicide or euthanasia is carried out, it is an irreversible act. We are therefore justified in making high demands that no

mistakes are made and that the wish is formulated and the decision made on an informed basis.

Examples of patients who describe their lives as full of suffering and hopelessness, and who appear clear and well-considered, are not infrequently discussed in the general debate. However, reality also consists of a large number of borderline cases, where people's suffering and ability to make decisions are difficult to determine accurately and also may vary over time. If assisted dying is to be allowed, it requires a regulation which can not only handle such clear and unambiguous cases, but also the many more borderline cases, while being able to protect all citizens without exception.

If one were to believe that assisted dying will be the best for a select group of people, then only the system which gives access to assisted dying to everyone in this group, and which rejects everyone outside of this group, will be clear in its boundaries, just in the reasons for access or reasonable in terms of control mechanisms.

As a consequence, a majority of 16 of the council's 17 members recommend not legalizing assisted dying in Denmark.

As justification for this recommendation, the majority of the council has emphasized one or more of the following considerations:

The members – and me, as a part of the majority - recognize that there are situations for an unknown number of people where the desire to hasten one's own death and the desire to help another person into death is understandable, but at the same time will point out that even people with a long-term wish to die, experience moments of ambivalence. However, we do not believe that legislation can be developed which will be able to function properly. We are concerned, particularly based on findings of developments in broad regimes of assisted dying, about the ability to adequately monitor and restrict the practice and possible expansions. The only thing that will be able to protect the lives and respect of those who are most vulnerable in society will be a ban without exceptions.

We argue that assisted dying risks causing unacceptable changes to basic norms for society and healthcare. The very existence of an offer of assisted dying will decisively change our ideas about old age, the coming of death, quality of life and what it means to take others into account. If assisted dying becomes an option, there is too great a risk that it will become an expectation aimed at special groups in society. An institutionalization of assisted dying therefore risks threatening the principle that we have the same claim to respect and dignity, regardless of how much we suffer and

how high the quality of life is assessed to be. If we offer assisted dying, it says, directly or indirectly, that some lives are not worth living.

We would also like to note, after consulting professional environments, that many terminal patients experience a change of heart in connection with assisted dying when the right help in the form of palliative treatment is given. As they become more ill they change their view of what a dignified life might mean and thus change the yardstick by which they judge their own life.

Furthermore, we find, that it will be impossible to offer assisted dying to those members of patient groups who may wish it, without affecting and burdening people in the same life situation unreasonably. It will also be too difficult to determine when there are sufficiently good reasons for wanting assisted dying that health professionals should be faced with such decisions.

In the wake of these recommendations, a joint Council wishes to draw attention to three general matters:

- 1) Regardless of the position on assisted dying, the question is related to whether it is possible to receive the right amount of support in life. The council wishes to emphasize that much more can still be done to ensure the right help for people with special needs in the form of mental illness, functional impairments, lonely lives and difficult living conditions in general.
- 2) Patients should not be kept alive at all costs by providing life-prolonging treatment in situations where the patient is irreversibly dying. Treatment options must not be used to keep patients alive beyond the limit of what is meaningful, which the current Danish legislation does not allow for either. For some patients, such an extension of life will simply lead to an experience of increased suffering and extend the period during which assisted dying can be an alternative to life.
- 3) Two factors in particular regarding the existing options for relief play a role in the debate on assisted dying: a lack of access to adequate palliative care and a lack of knowledge about access to such palliative care. If the debate about assisted dying is to be conducted on an informed basis, far more people should know about the possibility to refuse treatment and to receive palliative care as well as pain management until death occurs.

Thank you for your time. I look forward to answering any questions you may have.