



# Hong Kong Society of Palliative Medicine

香港紓緩醫學學會

<http://hkspm.com.hk>

## The Position Statement of Hong Kong Society of Palliative Medicine on Euthanasia

4<sup>th</sup> September 2007

Chairman

Dr. Wong Kam Hung

Vice Chairmen

Dr. Rebecca Yeung

Dr. Anne Thorsen

Honorary Secretary

Dr. Kwok Oi Ling

Honorary Treasurer

Dr. Yuen Kwok Keung

Council Members

Dr. Chan Kin Sang

Dr. Lau Kam Shing

Dr. Leung Shing Fai

Dr. Liu Shao Haei

Dr. Lo See Kit

Dr. Sham Mau Kwong

Dr. Tse Man Wah

Dr. Lam Kwok Kwong

Dr. Yau Sau Han

Honorary Advisors

Prof. Ilora Finlay

Dr. Derek Doyle

Prof. Sir David Todd

Prof. Rosie Young

Dr. Y F Poon

Dr. C Y Tse

Dr. Vincent Tse

The Hong Kong Society of Palliative Medicine opposes euthanasia, the direct intentional killing of patients as part of medical care.

1. We are a group of professionals who advocate the promotion of quality palliative care for patients with life limiting illness in Hong Kong.
2. Palliative care affirms life and regards dying as a natural process; it neither hastens nor postpones death. Palliative care, as defined by the World Health Organization (WHO), integrates physical, psychological and social care and provides relief from pain and other distressing symptoms. Patients with life limiting illnesses are supported to live as actively and fully as possible.
3. Studies reveal that patients request euthanasia for various underlying problems, of which "killing" is clearly not the answer <sup>1,2</sup>:
  - they are afraid of a painful dying process, but not death itself
  - they suffer from uncontrolled symptoms, including pain
  - they perceive themselves as a burden to the family
  - they have undiagnosed depression which is treatable
  - they feel hopeless as defined by "no use, no time and no cure"
4. Euthanasia has been practiced in Netherlands for three decades, and has now been extended to teenagers and disabled babies who cannot voice for themselves <sup>3</sup>.
5. Dying patients are vulnerable. Their distress, debility and needs arising from the illness and should be addressed and not evaded. To protect, patients should be valued as who they are, but not what they can do.
6. Palliative care has developed in Hong Kong for more than 20 years with recognized quality and impact, and yet still with gaps in coverage. In the era of aging and chronic debilitating illnesses, the Government should consider accessibility to quality palliative care as a policy before discussion of legislation of euthanasia.
7. Palliative care should have PRIORITY over euthanasia. As stated by WHO in 1990:  
*"Government should ensure that they have invested specific attention to the need of their citizens for cancer pain relief and palliative care prior to considering legislation regarding euthanasia."*

### References:

1. Seale C, Addington-Hall J. Euthanasia: why people want to die earlier. Soc Sci Med 1994;39(5):647-54.
2. YYW Mak, G Elwyn. Voices of the terminally ill: uncovering the meaning of desire for euthanasia. Pall Med 2005;19(4):343-350
3. Verhagen E, Sauer P. The Groningen Protocol—Euthanasia in Severely Ill Newborns. NEJM 2005; 352(10):959-62.



Hong Kong Society of Palliative Medicine

香港紓緩醫學學會

<http://hkspm.com.hk>

香港紓緩醫學學會關於「安樂死」的立場聲明

二零零七年九月四日

主席

黃錦洪醫生

副主席

楊美雲醫生

杜雁碧醫生

榮譽秘書

郭愛玲醫生

榮譽司庫

袁國強醫生

委員

陳健生醫生

劉錦城醫生

梁承暉醫生

劉少懷醫生

勞思傑醫生

沈茂光醫生

謝文華醫生

林國光醫生

邱秀嫻醫生

榮譽顧問

Prof. Ilora Finlay

Dr. Derek Doyle

達安輝教授

楊紫芝教授

潘若芙醫生

謝建泉醫生

謝俊仁醫生

香港紓緩醫學學會反對「安樂死」，亦即是以殺死病人作為醫學治療。

一、香港紓緩醫學學會是由醫療專業人士組成，目的是在香港倡導優質「紓緩治療」。

二、「紓緩治療」肯定生命，視死亡為人生自然的過程；「紓緩治療」不會以加速或拖延死亡作為治療的目標。世界衛生組織為「紓緩治療」作出的定義，包含了為病人提供疼痛及其他徵狀的紓緩，更結合了身、心、社、靈的照顧。縱使病人患上不治之症，在餘下的日子，亦能充實地活著。

三、研究結果顯示，病人要求「安樂死」的背後，包括以下的原因，而「安樂死」根本不是答案，如<sup>1,2</sup>：

- 人不是害怕死亡，而是害怕死亡過程中的痛苦，
- 病人的徵狀（包括疼痛）未得到適當的紓緩，
- 病人感覺自己是家人的負累，
- 病人有抑鬱症，而抑鬱症亦非不治之症，
- 病人感覺自己一無用處。

四、「安樂死」在荷蘭推行已久，時至今天，「安樂死」的對象已經伸延至青少年及有缺憾的嬰兒，而後者是不能表達意見的病人<sup>3</sup>。

五、面對死亡的病人是弱勢的一群，社會應正視他們的痛苦和需要，而非以安樂死作一筆勾消。尊重病人應以珍重生命作為基石，而非以病人的身體功能作為價值的評估。

六、「紓緩治療」在香港發展多年，成效及水準已被確認，覆蓋性卻尚待提昇。面對人口老化及多重慢性疾病的醫療問題，政府應要優先發展優質「紓緩治療」服務，而非倡議「安樂死」。

七、「紓緩治療」的發展，應比鼓吹「安樂死」更為優先。正如世界衛生組織在1990年所發表：「任何政府在考慮『安樂死』立法之前，應確保『紓緩治療』得到應有的關注及資源，以保障病人的痛苦和需要得到照顧。」

參考：

1. Seale C, Addington-Hall J. Euthanasia: why people want to die earlier. Soc Sci Med 1994;39(5):647-54.
2. YYW Mak, G Elwyn. Voices of the terminally ill: uncovering the meaning of desire for euthanasia. Pall Med 2005;19(4):343-350
3. Verhagen E, Sauer P. The Groningen Protocol—Euthanasia in Severely Ill Newborns. NEJM 2005; 352(10):959-62.