



D40 Experience of Assisted Suicide in Switzerland

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After attending this presentation, attendees will know about the Swiss experience of assisted suicide, especially laws, associations performing assisted suicide, and the position of medical doctors and of the population.

This presentation will impact the forensic science community by giving information on assisted suicide, which is allowed only in some countries, like Switzerland and a few states in the United States.

Access to effective palliative care offers a dignified end of life to most patients. However, this option doesn't always correspond to patient expectations. Some patients would ask for euthanasia, which is, in most countries, not allowed. Some other patients prefer to end their lives by asking for assisted suicide from their doctor.

Assisted suicide is authorized in Belgium, Holland, Luxemburg (since 2008), Switzerland and several states in the United States – Oregon, Washington (since 2009), and Montana (since 2009).

In Switzerland, some associations offer assisted suicide, under certain conditions, to sick people wanting to end their lives. These associations are, essentially, for the French part of Switzerland, "EXIT- ADMD" (association for the right to die with dignity), as well as "EXIT Deutsche Schweiz" and "Dignitas" (in the German part of the country).

When patients fulfil certain conditions or criteria, EXIT-ADMD provides to the patient sodium pentobarbital which causes rapid loss of

consciousness and death usually within 30 minutes without suffering. The five required criteria are: discernment capacity, incurable disease, serious and repeated asking, severe physical and/or psychological suffering, fatal prognosis or severe invalidity. Most patients asking for assisted suicides suffer from cancer, neurological (like Parkinson disease, multiple sclerosis or lateral amyotrophic sclerosis), cardio-vascular, or respiratory diseases.

The rate of assisted suicide in Switzerland has increased during the last fifteen years, but appears to be stabilizing. Probably the number of cases didn't increase so much, but more of them were officially announced, as doctors know better about their rights concerning assisted suicide. This kind of death represents about 25% of suicides in Geneva, but only a minor part of all deaths (about 0,4%).

The practice of assisted suicide has prompted numerous debates among legal, medical and ethical professionals. It is sometimes mistaken with euthanasia, which is quite different because the act is then performed directly by the doctor. The problem of patients who are, for physical reasons, not able to perform assisted suicide (for example not able to swallow or completely paralysed) is still not resolved.

In 2009, 166 members of EXIT-ADMD asked for assisted suicide and 69 assisted suicides were performed. Other have been refused, some of these patients finally died from natural death or are still alive.

Doctors have been asked about their position on assisted suicide. Some of them (2/3) had already been questioned by their patients. Most of these doctors are favourable even if they're not sure to be willing to practice assisted suicide themselves. Two third of them said that assisted suicide should be allowed in nursing homes and hospitals. The problem in nursing homes is that the patients live there and should have the same rights as people living by their own.

Recently, a sample from the Swiss population was questioned and 75% were favorable to assisted suicide for patients with incurable diseases which cause physical and/or psychological suffering, or for very old people. Moreover 63% of the population say assisted suicide should be authorized by nursing homes.

Assisted Suicide, EXIT Association, Switzerland