

Debate in Germany over euthanasia

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Germany's parliament began a months-long planned debate on new regulations for euthanasia on November 13. A new law is due to be adopted next year. However, there has been no draft legislation presented to parliament. Instead, a so-called "position debate" is taking place.

There is something deeply troubling about the official discussion, however. Against a background of widespread poverty among the elderly, the privatisation of the health care system and social cuts at federal, state and municipal levels, it would be natural to suspect that this debate has more to do with eliminating medical care than ensuring the compassionate treatment of the terminally ill or seniors at the end of their lives.

Thus far, parliamentary deputies in Germany have been more circumspect than their counter-parts in the American government, who often complain about the supposedly unsustainable cost to society of pensions and retiree health care benefits. The US-based National Academy of Sciences complained about increasing numbers of elderly and a veritable obsession with lengthening life at any price, in a report entitled, "Dying in America."

So far, no prominent Germany official has been so crude. There have been, however, repeated discussions about the "wisdom" of expensive operations to extend the lives of the very sick and elderly. It is not a big step to go from there to calling for the "voluntary" ending of life. This under conditions in which corporations and the wealthy are making huge profits and more money is being taken from social needs for new wars.

A lucrative business

Euthanasia can be a lucrative business. Associations and self-appointed euthanasia assistants like the former justice senator in Hamburg Roger Kusch, who called in 2007 for the installation of a euthanasia machine in a home for the elderly, either demand high premiums to purchase medication, or charge membership fees. Due to more liberal legal framework, most of these associations are located in Switzerland. The first association founded by Kusch—which demanded €8,000 for its package of services—was banned after a Hamburg administrative court charged it with the "commercialization" of death.

Kusch founded another association, which according to figures he provided to the *Bild* newspaper has 600 members who pay anything from €50 to €2000 annually, or make a one-time payment of €7,000. Since its founding five years ago, the firm has provided

assistance to die in 150 cases, including 41 times alone in the last year.

Among those who died was a 79-year-old woman, who was neither terminally ill nor suffering from great pain. She merely feared going into a home for the elderly.

After the assisted suicides of an 81-year-old and an 85-year-old woman, the Hamburg state prosecutor lodged charges against Kusch and his business partner, Dr. Johann Friedrich Spittler. These women who died were also alleged not to have been sick but merely had fears about getting old and its consequences.

The state prosecutor believes the accused did not provide assistance to die but maintained control over the act of suicide. He charged that the women did not act freely but were under the influence of Kusch and Spittler because both struggled with their decision right before their deaths.

The legal situation in Germany

German law clearly forbids actively assisted euthanasia. According to paragraph 216 of the criminal code, such activity can be punished by up to five years' imprisonment. No one is legally permitted to give someone a lethal injection if they are seriously ill, even if they request it. If the wish of the person who has died cannot be proven, the person involved in assisted suicide can face a charge of manslaughter.

By contrast, it is not illegal to purchase lethal medications for someone who wants to die. However, some state doctors' associations forbid this kind of assisted suicide and enforce it with the threat of sanctions, including stripping a doctor of their right to practice medicine.

Assisting someone to commit suicide is in principle not a criminal offence. For example, if a person obtains poison for someone else there is generally no prosecution so long as the person committing suicide took the poison by him or her self. However, the assistant can be punished for neglecting to provide help if they fail to intervene when someone loses consciousness.

Passive assisted suicide refers to the cutting off of medical measures necessary for life. Doctors are allowed to switch off assisted breathing and feeding systems for a terminally ill patient, if this is the expressed will of the patient. This is regulated by a so-called advanced decision by the patient.

Indirect assisted suicide is also permitted by means of administering strong painkillers, which can have the effect on

weakened organs of cutting short life, such as giving morphine to cancer patients during their final stages.

Some deputies campaigned for a complete ban on euthanasia, since they share the view of the church that the Fifth Commandment does not only forbid the killing of others, but also states that taking one's own life or assisting someone is a sin. The Catholic Church's catechism still speaks of self-murder rather than suicide. The evangelical church also rejects active assisted dying.

Others have promoted reforms to the German legal system along the lines of the American state of Oregon. The recent case of 29-year-old Brittany Maynard produced an international uproar after she was given lethal drugs because she was suffering from an aggressive brain tumor and she would have faced extreme pain due to the progressive worsening of the illness.

Euthanasia

In Germany, the issue of assisted suicide is particularly sensitive particularly because of the history of Nazism. Between 1933 and 1945 there was a comprehensive "euthanasia" programme (described by the Nazis as a "glorious death") to supposedly maintain the health and "purity" of the German race. As part of this programme, many mentally ill people and those declared to be unworthy of living were killed, the Nazis said, to save society the expense of keeping them alive.

No one is openly demanding this today. But the pharmaceutical and health industry do not want to be responsible for the "exploding costs" of keeping the elderly alive. There are increasingly open discussions about whether it is justified to give aging patients expensive operations or medications.

Treating the terminally ill and those suffering from extreme pain is certainly a difficult and complex question, and there can be no simple or straightforward solution. If there is no hope for relief or improvement in medical condition, the state should not be allowed to compel people to continue to suffer if they want to die.

But what does it reveal about a society when so many people are prepared every year to voluntarily end their life because they are old, lonely or ill? Others prefer death to burdening their children and other family members with the cost of care and other fear being dependent on the help of strangers or possibly languishing without help at all.

Already in 1846 Karl Marx noted that the occurrence of suicide was one sign of a sick society. In a comment on the cases of suicide that the Paris police archivist Jacques Peuchet described in his memoirs, Marx wrote that it is "the nature of our society to bear many suicides." This phenomenon could not be avoided "apart from a complete reform of the current social order." All other efforts would be "futile."

The links between physical and mental health and prevailing social conditions have been subjected to scientific examination to a degree that was never possible in Marx's today. It cannot be denied that social factors, including socio-economic and

environmental conditions, greatly contribute to disease and the outcome of treatment. Despite this, there has been little positive change in the conditions confronting the elderly and the sick. On the contrary the subordination of all aspects of life to the demands of profit—including relentless budget cutting—has only worsened the conditions facing the weakest members of society.

Fear of retirement homes

The fear toward retirement homes and care facilities is understandable given the deplorable and well-documented conditions in many of these institutions. Recently, seven people lodged a complaint with the German Supreme Court in Karlsruhe demanding that political officials uphold their constitutional obligations to ensure that the elderly receive proper care.

They charged that the health care "reform" of the Christian Democrat-Social Democrat grand coalition had been "totally inadequate" and criticised what they said were violations of human rights at elder care facilities. This included binding of seniors to their beds, not showering patients for weeks or forcing them to wear soiled clothes for long periods of time.

Palliative medical care can reduce the suffering and pain of patients and give them a dignified end to their lives. But according to estimates, only a quarter of all patients have access to such care, which is relatively expensive. Additionally, there are not enough trained doctors and caregivers. Instead, under cost pressures, hospitals often release severely ill or dying patients to care homes, which are not properly equipped. They also send many patients home even though family and friends cannot sustain appropriate palliative care.

Even for the provision of general care there is not enough staff. Overwhelmed and undertrained, health care workers are frequently left to do demanding work. The number of hospices, where comprehensive palliative care is available, is inadequate. Those that exist are generally short-staffed and dependent on their own activities and private donations rather than state funding.

Of course everyone should have the right to decide when to die. Under current conditions, however, there is little doubt that many elderly or sick people would feel compelled to take their lives because they lack resources or social support. More than half a million people receive pensions at such a low level that they are dependent on state welfare to secure the basic necessities of life. Hit by a serious illness, they cannot afford expensive care or treatments while state insurance provides only minimum, inadequate care.



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