Assisted Suicide and Active Euthanasia

Statement of the Working Group on Palliative Medicine of the Medical Section of the School of Spiritual Science at the Goetheanum in Switzerland | 9 April 2021

More and more countries are liberalizing assisted suicide and active euthanasia through changes in regulations. While the legalization of assisted suicide is seen as a way to enable self-determined dying, active euthanasia is reminiscent of the dark times of euthanasia and the disposability of human life. There is a need behind every suicide wish and suicide intention. It is the task of differentiated assessment and qualified consultation to recognize that need. If the desire to commit suicide comes in response to an underlying need, then the decision to die is not free and autonomous, it is need-driven. The decisive factor here is whether it is possible to recognize that need and find a remedy – then new life perspectives can open up through the faithful and competent support that is received.

View of the human being and autonomy

Autonomous decisions require sufficient competence. In the case of the wish to die, this includes not only assessing the person's life, suffering and social environment, but also their spiritual views, value concepts and religious convictions. Spiritual experiences, while common in the palliative phase of illness, are not often addressed, because they go beyond the scope of medical care. Accordingly, physicians rightly complain about having insufficient training and competence to be able to enter into conversation in a manner appropriate to the situation. In the experience of many people, the finiteness of the body does not mean the end of the existence of soul and spirit: our existence up to the moment of death is visible, the time after it is veiled. Accordingly, our cultural and philosophical beliefs range from nihilistic finitude to grand perspectives of life after death and returning again (reincarnation). Unexpected forces for coping with illness and inner growth often emerge during the palliative phase of illness, which can lead to new convictions about life and transform the desire to die into a new gratitude for still having the opportunity to live.

Desire to die and the meaning of life

Competent decision-making involves knowledge of palliative care, inclusion of the people around the dying person, and spiritual perspectives (spiritual care). With expert counseling, with continued development and a fostering of human relationships, as well as palliative medical care, the desire to die usually loses its urgency. Doctors, nurses and therapists in Anthroposophic Medicine are committed to an integrative approach to palliative care, one which understands and accompanies the patient as a being of body, soul and spirit. This requires expert support in the context of the often-strained social relationships of dying patients. We do not do justice to this

through offering assisted suicide in the sense of "deadly compassion" (Klaus Dörner), but through practiced humanity. Even difficult disease situations can usually be sufficiently influenced by suitable therapeutic intervention. Human dying knows development, inner growth (posttraumatic growth), it promotes unexpected forces to deal with a situation or illness, and it strengthens resilience against the option of a suicidal termination of life. In the opinion of the authors, neither assisted suicide nor active euthanasia, as forms of "self-devaluation of life as an invalid" (Giovanni Maio), are a task of the therapeutic professions or a "service" to be provided by palliative or hospice care. Hands intended for healing should not kill or assist the suicide of others by aiding and abetting. It is to be hoped that instead of assisted suicide organizations, more suicide prevention services will emerge that provide psychosocial counseling and early comprehensive palliative care. In the current discussion in Germany the following applies: in view of the increased mortality associated with assisted suicide, which is avoidable when good support is provided, the state legislature is obliged to comply with its mandate to protect life, which derives from Article 2 (2) sentence 1 of the Basic Law.

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