DIGNITAS

To live with dignity

To die with dignity

How DIGNITAS works

On what philosophical principles are the activities of this organisation based?

P.O. Box 9, 8127 Forch, Switzerland / www.dignitas.ch / 1st edition / June 2010

The organisation «DIGNITAS – To live with dignity – To die with dignity» was founded on 17 May 1998. Now, it has been in existence for now 12 years. During this time it has helped a total of 1,062 people to end their lives gently, safely, without risk and usually in the presence of family members and/or friends.

During this time, DIGNITAS has also helped several thousand people continue to live despite their difficult health conditions. These people were taken seriously in their desire for assisted suicide yet, at the same time, it was possible to show them – usually with the assistance of doctors – an alternative to prematurely ending their life. Often merely the knowledge that a Swiss doctor is ready to prescribe lethal medication for someone – generally referred to by us as the «provisional green light» – was enough to decrease the tension and allow the wish for death to recede into the background.

DIGNITAS has not limited itself to offering this help only to people who reside in Switzerland. Because a person's wish to end his or her life is a human right recognised by the Federal Supreme Court of Switzerland and protected by Article 8 of the European Human Rights Convention, no one should be discriminated against in any way, not even on the basis of where they live.

At the same time the activities of DIGNITAS have led to international and national controversy, and to political debate.

Opponents of our work are often conservative or very religious minority groups who try to present their own worldview as the only valid one, and they want to force it upon others.

In addition, the activities of DIGNITAS are usually presented in a distorted way by national and international media. For this reason, there is a need to present a clear picture of the work of the organisation and the philosophical principles that guide it.

1. What preparations are made beforehand for assisted suicides (AS) at DIGNITAS?

It is repeatedly claimed or suggested – mostly in unprofessional media reports – that, in the space of one day, a person wishing to die can contact DIGNITAS in Switzerland, travel there, speak to a doctor and receive a prescription for a lethal medication, then die that same day or the next one. This is said to happen regardless of whether there are sufficient grounds for suicide: in other words, it is alleged to occur even in those very common moments in life when people spontaneously think of suicide as a way to escape from a difficult situation they are currently facing.

There are people outside of Switzerland who actually read such articles, accept them as the truth, travel here unannounced and want to die on the spot. They

are then surprised, and at times also disappointed, to find out that they were misinformed and that they must return home and go through the process set out by DIGNITAS.

In reality such a journey, the consultation with a doctor, the writing of a prescription and the AS itself usually represents, in each case, a very lengthy process at DIGNITAS. After the preparatory process, the AS can be carried out within three to five days in the majority of cases. During the longer process doctors are involved, not only at the end or merely pro forma but rather very early on and in a significant way, as will be shown below.

In the following description, the most important steps and the chronology of this process will be presented.

1.1. First contact

1.1.1. People who make contact

Those who contact DIGNITAS are both those who actively support the organisation in its efforts to carry out the «last human right» (deciding for oneself when and how to end one's life) and so wish to become members, and those who themselves want to make use of the «last human right» immediately or at some future date, without their primary desire being to fight for this opportunity themselves or to support the organisation.

Until people decide on one option or another, while they have not submitted an application for membership to the organisation but are seeking information or even an AS, they are referred to internally as «interested persons».

1.1.2. People who desire an AS

Interested persons are informed that the organisation only offers its services to members, meaning that the submission of an application for membership is the mandatory first step.

The first contact can take place in a variety of ways: by post, telephone or e-mail and sometimes through personal meetings. Personal meetings are usually initiated directly by the person concerned, but are sometimes arranged through an authorised third person, perhaps because the individual is already dependent on a third person and is not able to write or telephone, or because the individual lives in an environment which is likely to react negatively to a desire for an AS.

1.1.2.1. No waiting period to submit an application for an AS

People sometimes ask whether DIGNITAS has a waiting period that must be adhered to after someone has become a member before allowing them to submit an application for the preparation of an AS.

The short answer is no: DIGNITAS does not have a mandatory «waiting period» after someone becomes a member before they can submit a request for an AS.

The reason for this is clear: If there were such a waiting period, it would result in either the inability to provide help in emergency cases – which is not acceptable for ethical reasons – or there would have to be frequent exceptions to the rule, which would lead to demarcation problems.

Instead of a waiting period, DIGNITAS abides by the principle that an AS should in no case be decided prematurely. The most important thing are always the particular circumstances in which every person who asks for this type of help finds himself or herself. In this, DIGNITAS and its activities follow the view expressed by Zurich theologian JOHANNES FISCHER, namely that on ethical grounds people in such a difficult situation in their lives should not be left alone (JOHANNES FISCHER, Zur Aufgabe der Ethik in der Debatte um den assistierten Suizid. Wider ein zweifaches Missverständnis, in: Christoph Rehmann-Suter, Alberto Bondolfi, Johannes Fischer & Margrit Leuthold (Hrsg.), Beihilfe zum Suizid in der Schweiz, Beiträge aus Ethik, Recht und Medizin, Bern 2006, p. 203 ff., in particular p. 210).

1.1.2.2. Immediate counselling also for (as yet) non-members

This policy naturally applies from the first moment that contact is made and so is not based on whether someone is already a member or not. The principle of supporting those seeking help as quickly and simply as possible takes utmost priority.

If it becomes apparent (right away or at some later date) that those seeking assistance can find direct help at once in their immediate vicinity – either from their regular doctor, a specialist clinic nearby or another suitable place or institution – they are pointed towards those possibilities without delay.

This course of action plays a particularly significant role in situations where people want to end their life as quickly as possible because they are facing an extremely difficult pain situation. Often the pain has not responded to medication sufficiently to allow the person to regain an adequate quality of life, a life where the wish to die either disappears or at least becomes secondary.

An extremely instructive example of this type of counselling given by DIGNITAS in the context of a pain situation was described a few years ago in the «Süddeutsche Zeitung» newspaper. The incident, including the name of the interested person and her experiences with DIGNITAS, was reported on (see «Süddeutsche Zeitung», Munich, 24 June 2008, page 3).

On Wednesday, 14 November 2007, a previously unknown individual sent the following e-mail (translated into English here) to DIGNITAS:

> **«From:** Lubybettina@xxxxxx [mailto:Lubybettina@xxxxxx]
> **Sent:** Wednesday, 14 November 2007 21:10

To: Dignitas
Subject: Urgent request

Hello

I'm asking you for urgent help and information. I have MS and suffer extreme pain that I simply no longer want to or can endure.

Bettina Meierhofer Rx St. xx D-80xxx Munich 089 xxx xx xxx »

Just 90 minutes later on that same Wednesday evening around 22:40 hours, DIGNITAS sent the following reply to Ms Meierhofer:

«Dear Ms Meierhofer

I just arrived home and I saw your e-mail. I hurried to reply to you without waiting until Thursday morning when my colleagues would be in the office again.

Reading that you are suffering extreme pain, the first question is whether or not your pain medication is adequate. In any case, you should contact Prof. Borasio at the Grosshadern Clinic and give him my greetings. He is a palliative doctor and should certainly be in a position to provide quick help for your pain problem. We can comfortably discuss everything else afterwards. You can reach him at the following e-mail address:

Borasio@lrz.uni-muenchen.de

You can find information on our homepage www.dignitas.ch; follow the link there "To additional documents."

Sincerely yours,

DIGNITAS

Ludwig A. Minelli»

The report published in the «Süddeutsche Zeitung» goes on to relate how, after considering it for a while, Ms Meierhofer made contact with Prof. Borasio who was able to help her. According to her, she is now happy that she did not travel to Switzerland, although she does not rule out that possibility should her condition worsen again. Just after this publication, DIGNITAS received the following e-mail (translated here) from her:

«From: Lubybettina@xxxxxx [mailto:Lubybettina@xxxxxx]
Sent: Thursday, 3 July 2008 13:35
To: Dignitas
Subject: Thanks

Dear Mr Minelli

I would like to thank you for your counsel and how you dealt with my situation.

You helped me immensely and that was made clear to me once again in the newspaper article in the Süddeutsche Zeitung.

With many thanks, I remain yours sincerely,

Bettina Meierhofer»

In connection with this case it must be mentioned that, apart from the reference to the DIGNITAS homepage in the first e-mail when the interested person

was encouraged to contact Prof. Borasio, there was no promotional action whatsoever taken on the part of DIGNITAS with the objective of gaining Ms Meierhofer as a member.

Many other similar examples can be found in the DIGNITAS e-mail archive. Of course, there is no documentation of telephone counselling for interested persons, which regularly takes place in a similar manner by the staff members at DIGNITAS. Particularly in pain situations, there is a risk that the individual is being cared for by a doctor who does not have sufficient knowledge of how to treat pain: unfortunately this is something that DIGNITAS sees repeatedly, above all with doctors in Germany. This was also referred to in a title story in the German news magazine «DER SPIEGEL» (No. 36/2008 from 1 September 2008, p. 154, in particular p. 160).

1.2. Sending or e-mailing basic information

People who do not submit an application for membership when they first establish contact – for example by using the corresponding link on the DIGNITAS homepage on the Internet – will first be sent basic information about the organisation by post or e-mail with the request to read it over carefully.

1.3. Membership application

When DIGNITAS receives a membership application, membership is awarded to the member. The member will then be sent the DIGNITAS patient's instructions/living will, an invoice for the membership fee, and the information documents once again.

1.4. First request for the preparation of an AS

A first request for the preparation of an AS can be made before an application for membership of the organisation has been submitted. Equally, a request can also be made by former members.

1.5. Sending or e-mailing of relevant requested information

When DIGNITAS receives an initial request for the preparation of an AS, the person concerned will first be sent the relevant requested special information.

1.5.1. In situations of an urgent nature

If a situation proves to be of an urgent nature, attempts to contact the person concerned by telephone or e-mail will be made in order to convey the information personally and, where necessary, set emergency measures in motion immediately.

These consist primarily of recommendations for steps that can be taken in the country where the person concerned lives.

In such situations the principle of immediate assistance is also valid, since simply knowing that there is someone who cares about the person concerned can often lift a significant portion of the burden of the person in a situation of despair.

1.5.2. Contact with persons abroad

In Germany, France, Great Britain, Italy, The Netherlands, Spain, Australia and the USA, DIGNITAS has good contacts with organisations or doctors who can be called upon quickly in specific cases to offer or procure onsite help. These contact persons also provide DIGNITAS with valuable services during assessments in the course of proceedings, including assistance with securing medical or legal documents or in providing medical advice or alternatives to interested persons or members.

1.5.3 Economic consequences

However, this course of action also has economic consequences for DIGNITAS: **the costs of the advisory services provided to interested persons are generally not borne by the people who benefit from them but must be financed from the organisation's general budget.** This means that the resources needed for these services must be raised for by the regular and special membership contributions.

If the advice provided is successful in bringing about significant relief quickly, the wish to die tends to recede. Experience shows that, as a result, many of these people decide not to become members of DIGNITAS and do not contrib.-ute to financing the services performed or to helping others.

As the preceding example from Ms Meierhofer illustrated, even in those situations where individuals have received services, DIGNITAS refrains from encouraging them to become members in order to contribute to the costs incurred.

From a commercial perspective, this may be considered foolish or too cautious. However, DIGNITAS does not see itself either as a commercial business or merely a self-help organisation. Our organisation makes itself available, not only to paying members but also to people in difficult situations, first and foremost as a readily accessible partner and point of contact. The primary motive of the organisation is to help such people and to reduce or remove any thoughts of suicide through improving their situation as quickly as possible, providing such a possibility actually exists.

1.6. Arrival of the actual request including all required documentation

Preparations for an AS begin as soon as a specific request for AS, together with the required documentation, arrives at DIGNITAS.

1.6.1. The request itself

In general, the request must take the form of a letter written and signed personally by the member – or, in exceptional cases, by an interested person – which unmistakably expresses to DIGNITAS the member's desire to end his or her own life with the help of the organisation, and also states the main reason or reasons for their decision.

1.6.2. Medical documentation

Because health matters which significantly affect the quality of life of the applicant are, in almost every case, the reason for making such a request, DIGNITAS requires medical documentation as proof of these reasons.

1.6.3. Account of the member's life

In the event of such a request, as additional documentation, DIGNITAS always asks for an account of the member's life providing details about a person's character as well as their family and work situations.

Because many DIGNITAS members and interested persons do not reside in Switzerland - but at the moment in 60 different countries - the relationship between them and the organisation is usually, initially, a long-distance one.

Because of this, the practice of making a personal visit to members before or after they submit a request for the preparation of an AS, which is normal practice for members who live in Switzerland, is not possible for understandable reasons.

1.7. Examination carried out by DIGNITAS

After a request has been received, DIGNITAS staff members will examine it for completeness. They will also give consideration to the question of whether the applicant can be given any immediate recommendations for possible alternatives with the hope of being able to continue life under better conditions.

1.7.1. Contact with the member / Alternatives for continuing life

When this is the case, contact will be made with the applicant, normally by telephone but in every case also in written form via post or e-mail.

In addition, modern communication methods such as SKYPE are used. This enables a telephone conversation, with web cams on both ends, to give a video connection when the relevant technology is available.

1.7.1.1. Alternatives including improving therapy

This can take the form of recommendations such as improving therapy for pain problems, as described already, or perhaps advice concerning therapeutic possibilities that are not generally known. An example of this would be that if the applicant suffers from debilitating psoriasis, he or she would be asked whether a resident therapy programme at the Dead Sea has already been tried.

For a large number of cases, however, such alternatives are not even considered. It could be that, assuming the applicant's illness follows the usual course, the condition will only worsen and no improvement can be hoped for (such as is the case with neurological diseases like System Atrophy, Multiple Sclerosis, Motor Neurone Disease etc), or because the disease in this particular case is so far advanced that the situation must be considered terminal.

1.7.1.2. Alternatives including palliative care

Another alternative which is considered is the range of palliative care options. Experience shows that the possibilities of palliative treatment are almost unknown at present to numerous doctors (and therefore, unsurprisingly, to the public as well), meaning that they often do not recommend palliative treatment for their patients as an alternative to their current pain-ridden condition.

1.7.1.3. Alternatives including passive assisted suicide

At times, the recommendation made may include passive assisted suicide.

There was the instance in 2008 when a family member contacted DIGNITAS on behalf of a very elderly medical professor who requested quick preparation of an AS. After the diagnosis of lung cancer was confirmed, the professor suffered a pleural effusion; during two treatments, his pulmonologist withdrew 1.4 and 2 litres of water from his thoracic cavity. The patient had explained to the pulmonologist that he would prefer to die right then. The doctor would have been prepared to prescribe him the necessary Sodium Pentobarbital (NaP, from German: Natrium Pentobarbital), but only under the condition that a psychiatrist first confirms the patient's capacity of discernment and the absence of a depressive state.

An attempt by DIGNITAS to ask a well-known psychiatrist, depression specialist and author from the same university to help his professorial colleague ended in vain when he replied immediately per e-mail with his categorical refusal. Following this, DIGNITAS advised the family member to encourage the patient to talk to one of the doctors treating him about the matter and if and how deeply he wanted to be sedated, which would enable him to avoid treatment for his pleural disease. This would mean that the underlying disease could run its course to its natural end without causing the patient to suffer from breathing difficulties. The patient followed this advice and within a few days he passed away in a sedated condition – and therefore without experiencing breathing difficulties.

1.8. Submission of the request to a doctor

1.8.1. Under normal circumstances

As soon as DIGNITAS is satisfied that the request contains all the relevant information, the request is passed on to a doctor who works with the organisation for evaluation.

In an accompanying letter, the doctor is asked to state whether, based on the documentation, he is prepared to **prescribe** a suitable medication for the applicant; whether he would **possibly** be prepared to do so after receiving further documentation; or whether he **refuses** to write a prescription.

This route is generally chosen when the DIGNITAS staff member handling the case feels that the request does not raise any specific questions.

1.8.2. In the case of specific questions

If the DIGNITAS staff member handling the case feels that there are specific questions that need further clarification, or that the request and the submitted documentation are not easy to understand due to their content or difficulties with the language, experienced doctors with a variety of foreign language skills are available to DIGNITAS. They are immediately presented with the case and asked for advisory opinions.

If, upon presentation, it becomes clear that it would also be justified to have the request evaluated by a prescribing doctor, the request is then presented to such a doctor.

1.8.3. Additional clarification

If it becomes clear that, contrary to the initial opinion of the DIGNITAS staff member handling the case, the documentation is not sufficient to allow proper evaluation of the request, the matter will be mutually discussed, and either DIGNITAS or the doctor involved will directly contact the member who made the request to ask for whatever additional documentation is needed.

1.9. Evaluation by a doctor

The doctor involved examines the often extensive documentation and then has the opportunity to answer the questions raised by DIGNITAS by returning an accompanying letter containing the decision that has been reached.

1.9.1. Refusal

Should the doctor refuse to write a prescription, in most cases he or she will state his or her reasons for the refusal.

If it is apparent that, in a particular case, the refusal may be the result of the doctor involved viewing the situation from a narrower perspective than that adopted by DIGNITAS and is based on an individual expert or ideological opinion, this would not prevent the request from being passed on to another doctor.

An initial refusal is usually not conveyed as such to the member who submitted the request. DIGNITAS informs the member that a doctor has not yet been found who is willing to write a prescription, but the search is continuing. In this way, it is generally possible to avoid having the member view his or her situation as hopeless and then attempt suicide. This would be an act of despair, which is usually accompanied by a great degree of risk of not only failure but also additional health complications (please compare the reply of the Federal Council of 9 January 2002 to the «minor interpellation» of National Councillor Andreas Gross re suicide and suicide attempts, accessible online at: http://www.parlament.ch/D/Suche/Seiten/geschaefte.aspx?gesch_id=20011105).

1.9.2. Temporary refusal; request for additional documentation

If the doctor simply refuses to write a prescription at the time with the reply «Perhaps. I still require…» then the member will be contacted and, if possible, the necessary documentation will be supplied or the additional clarifications requested will be carried out. Relatively speaking, this is often the case.

Insofar as the applicant lives in a country in which DIGNITAS has a partner organisation or individuals who can be counted on for assistance, these can also be involved as support (see previous point 1.5.2, page 7).

This is of particular significance in countries where DIGNITAS has found it to be relatively difficult for patients to procure medical documentation. In a number of countries there is still a degree of medical «paternalism» which leads to a liberal interpretation of therapeutic privilege (keeping information secret, perfectly legally, in the patient's 'best interests').

1.9.3. «Provisional green light»

Once the doctor agrees, the member is informed of the «provisional green light» as quickly as possible. This means that the doctor declares that he or she is ready to prescribe the lethal medication, but only after first seeing and speaking with the member twice, and only if the planned medical consultations do not present any obstacles. Such obstacles could include, in particular, signs of impaired or doubtful mental capacity with regard to the individual's AS, or signs of pressure from a third party with regard to a premature death, or evidence of an acute depressive phase.

With the «provisional green light», the member is also informed that three possibilities are now open:

1. The member can request that the two doctor's appointments and the AS are carried out during one extended visit to Switzerland.
2. The member can plan two trips, one for the doctor's visits and one for the AS, meaning that the member would travel back home after the doctor's visits and the procurement of the prescription. The member can book an appointment for the AS at a later date, should it still be desired.
3. The member can simply view the «provisional green light» as an «emergency exit», and not undertake anything further, perhaps looking into it again at a later date.

1.9.4. Information about the involvement of family

DIGNITAS also advises the member that, whenever possible, it is extremely important to inform family and friends about the planned event. This gives them the opportunity to be with the member until the very last moment.

Numerous comments given as feedback to DIGNITAS by family and friends after an AS emphasise the significance of such preparation. Preparation for and, most importantly, participating in the event itself are effective in helping all those who are left behind after the loss of a relative or friend to work through the loss and mourning process more easily. Someone who goes through the process can rightly feel that, by accompanying their loved one and performing a sacrificial service of love, they have shown their loyalty right to the end and enabled everyone involved to bid farewell to one another in peace.

1.9.5. Information about specific bureaucratic hurdles

When the member is notified of the «provisional green light», he or she is also informed of the additional administrative preparations necessary to establish a date for an AS.

In order to be able to officially register and certify the death of a foreigner in Switzerland, a large number of documents are needed. According to the regulations of the relevant Swiss Ordinance on Civil Status (*Zivilstandsverordnung)*, these documents must be not more than six months old at the time of the planned AS. The rules differ depending on the country of residence but, in some circumstances, procuring these documents can be quite time consuming.

The stated deadline of six months in Art. 16 Par. 2 of the Swiss Ordinance on Civil Status (SR 211.112.2) can be traced back to a specific intention of the authorities. In the civil status registry, which is conducted paper-free from a central computer since several years, only the details of people residing in Switzerland which correspond as closely as possible to the foreign civil registry are saved in the system.

This regulation has a disadvantage, however, in that members who want to have the possibility to schedule an appointment for an AS at any time after

receiving the «provisional green light» will need to update these documents every six months and resubmit them. Nevertheless, it has not yet been possible to determine whether someone has opted for an earlier AS appointment than originally intended solely as a result of this bureaucratic problem, although theoretically such a danger cannot be completely ruled out.

1.10. Scheduling an AS

DIGNITAS has had the positive experience that a significant number of members who receive a «provisional green light» never contact the organisation again. Research work done by a German student of a specialised High School of Social Work has shown that, during a specific time period, approximately 70% of all those who requested the preparation of an AS and received the «provisional green light» never contacted the organisation again. Only 13% made an actual appointment for an AS (see: http://www.dignitas.ch/Weitere Texte/Studie.pdf).

Feedback from members shows that confirmation of the possibility of an AS alone is enough to relieve people burdened by disease and suffering because it acts as a kind of escape valve. The individual is no longer the helpless and indiscriminate victim of fate, but rather sees a new opportunity to take control of his or her own destiny. Thanks to this option, many people then decide to await their uncertain future. They do this in order to have the possibility later on to definitely end their lives themselves, should their situation become too difficult. Along the way, they realise that they are actually stronger than they thought. In addition, suitable palliative care is often helpful in maintaining a minimum quality of life for them.

1.10.1. The overriding «principle of the member's initiative»

During this phase, as is the case throughout the entire process of preparing an AS, DIGNITAS follows the rule that it is never DIGNITAS which initiates the next phase and further proceedings but that it is always and only the member's own prompting which leads the entire process of the AS from one phase to the next, and that the process will not move on until the member declares that they are ready for the next step.

If one of the different preparation phases has been completed when DIGNITAS sends a notification to the member, DIGNITAS will not contact the member again about the matter but will wait for the member to take the initiative. In this way, it is always and only the member who initiates the next step. Of course, exceptions are administrative notifications (e.g. invoice for the yearly fees, reminder notices) or informative notifications (newsletters or the mailing of the «Mensch+Recht» magazine for German-speaking members).

1.10.2. Desire to schedule an AS appointment

After being notified of the «provisional green light», should the member at any time express a desire to take advantage of the prepared AS and schedule an appointment for it, different activities will be set in motion on the part of DIGNITAS.

1.10.2.1. Examination to see if medical records are up-to-date

Swiss authorities require that at least one medical report must not be more than three to four months old at the time of an AS. To ensure this, the documents must be examined beforehand and, if need be, the member must acquire an additional medical report.

1.10.2.2. Examination to see if the civil documents are present

Next, it will be determined if the necessary civil documents are present. If this is not the case, they will be requested. In general, an AS appointment can only be definitively arranged when these documents, in the necessary format, have been received at DIGNITAS.

1.10.2.3. Provisional scheduling of the desired appointment

At this point, a provisional appointment is set that is as close as possible to the date requested by the member.

1.10.2.4. Scheduling two appointments to see the doctor

Finally, it is necessary to consult the doctor who will be responsible, in order to find out when it will be possible for him/her to have the two consultations with the member which are necessary so that the question of writing the prescription can finally and definitively be decided upon.

1.10.2.4.1. Practice from 1998 to the end of January 2008

During the entire period from the founding of DIGNITAS on 17 May 1998 to the end of January 2008, a one-time consultation between the member and the doctor working with DIGNITAS was sufficient for the necessary prescription to be written, providing that the proper process had previously been carried out in cooperation with DIGNITAS. Within this time period, which comprised nine years, eight months and 14 days, DIGNITAS arranged for a total of 832 assisted suicides.

1.10.2.4.2. Practice since 1 February 2008

This practice had to be changed as of 1 February 2008.

1.10.2.4.2.1. The letter of the Zurich cantonal physician of 31 January 2008

In a letter dated 31 January 2008, the Zurich cantonal physician Dr. Ulrich Gabathuler informed DIGNITAS that, in future, he would consider any prescriptions for NaP written after only one doctor's consultation to be a violation of the principle of the ethical practice of medicine. Furthermore, he would take disciplinary action against any doctor who wrote such a prescription after only one consultation. No reason whatsoever was given for the abrupt change to a practice that had been going on for almost ten years, nor was it specified how the procedure should now take place, i.e. how many doctor's consultations in what time frame under which criteria should be carried out, based on the opinion of the cantonal physician.

1.10.2.4.2.2. The first reaction from DIGNITAS *– four AS with helium*

The first reaction of DIGNITAS to this intervention by the authorities was to carry out four AS after the usual doctor's consultation and with the agreement of the members concerned without using NaP and thus without a doctor's prescription being given. This meant that the AS were accomplished with the odourless, non-toxic inert gas helium. Since many erroneous details of this practice were broadcast in the media, the following will present the facts in a detailed manner.

The people wishing to die administered helium to themselves using a **medical breathing mask:** they first fitted the mask, which was already attached to a running helium supply line, over their own nose, mouth and chin. In all four cases, there were medical assessments present that contained a doctor's approval for an AS after a personal consultation with the member, just as in an AS using NaP. Media reports, politicians' assertions, and even the statement from a judgement of the administrative court of the canton of Zurich (!) which claimed that the persons wishing to end their lives had died with a plastic bag over their head are completely fictitious.

One of the four people assisted with helium who had chosen the route of AS was a medical doctor. In a telephone conversation with the general secretary prior to her arrival she was informed of the new situation. She explained that she expressly wished to undergo an AS using helium so that DIGNITAS could thereby acquire the necessary experience of using it.

The experiences gained by the four AS with helium showed that the use of medical breathing masks was unsatisfactory since, despite the high degree of helium pressure in the mask, it was impossible to completely prevent small amounts of oxygen entering the body. One of the main reasons for this is that such masks are not completely airtight against the face; another is that significant amounts of oxygen remain in the lungs if the individual is not quickly hyperventilated in an atmosphere of pure helium. In the meantime, there are also technical reports from expert anaesthesiologists in the USA that explain how in the actual dying phase - in other words after losing consciousness - a few very deep breathing reflexes from that part of the brain which is

still active can be observed (also known as «terminal gasps»). According to the reports, it is highly probable that even the extra supply container attached to the mask would not contain enough helium for these rapid expansions of the lungs and so additional air from the surrounding environment would have to be breathed in.

Because such conditions possibly existed it meant that, between the moment when the assisted members fitted the masks on themselves and the onset of unconsciousness, there was a time lapse of around two minutes. This is almost equal to the time it took for unconsciousness to occur when using NaP, which was in general between two and five minutes.

Easy-to-find examples of inhaling helium on the internet show, in contrast, that when people inhale pure helium very quickly – for example, when they hyperventilate and inhale helium from a balloon – it generally takes less than 20 seconds to lose consciousness (see: http://www.youtube.com/watch?v=gKrfAci-yS4 and http://www.youtube.com/watch?v=uf S690x8wdQ).

When helium is introduced into the lungs in the absence of oxygen, unconsciousness results. In such a situation, after three continuous minutes without oxygen, the human brain is irreversibly damaged leading to death. During this process, there is **absolutely no sense of suffocation:** that sensation only occurs when the human body experiences an excessive concentration of CO_2.

During this process, those parts of the brain which, in evolutionary terms, are younger are turned off before the older ones: this means that the cerebrum is first. In medical terms this step, called the «analgesic phase», leads to unconsciousness and the shutting down of the normal controlling functions in the body, as well as the lack of any further perception on the part of the person concerned.

At this point, older parts of the brain take over some of the control for certain body parts, which can lead to the involuntary movement of muscles after loss of consciousness (as seen earlier in ether-induced anaesthesia). In the medical world, this is referred to as the «excitation phase».

The movements of certain muscle groups of an unconscious body (for instance eye, arm and leg muscles) which can take place when the eyes are open and the pupils are enlarged may be interpreted wrongly. They can be disturbing for those who are observing them if they are unaware of the physiological causes responsible.

Such movements have been widely observed in the medical world ever since ether began to be used to help anaesthetise people before medical operations.

Before the AS using helium were carried out, these bodily reactions were fully explained to the people accompanying the member wishing to die so that they knew what to expect and were better able to understand these movements when they appeared, or to leave the room beforehand.

Parts of the AS carried out with helium were extensively documented on video, which is being stored at the headquarters of the Zurich cantonal police. In the summer of 2008 these were viewed by Russel Ogden, professor of sociology and criminology at Kwantlen Polytechnic University (12666 - 72nd Avenue, Surrey, B.C. Canada V3W 2M8). His report (co-authors William K. Hamilton and Charles Whitcher) «Assisted suicide by oxygen deprivation with helium at a Swiss right-to-die organisation» regarding them has been published in the «Journal of Medical Ethics» (2010 36 : 174-179).

Russel Ogden has extensive experience in the area of research on suicide and assisted suicide in Canada. Based on his own knowledge of assisted suicides using helium, he declared that in all four cases it is safe to say that the consciousness of the people assisted by helium was turned off by the time the excitation phase began due to the loss of consciousness as a result of depriving the cerebrum of oxygen.

1.10.2.4.2.3. Second reaction of DIGNITAS – two doctor's consultations

After the four AS carried out with helium, all of the AS carried out since with NaP are always preceded by **two** consultations within a few days of each other with the doctor responsible with the prescription for the necessary dose of NaP being given at the end of the second consultation.

1.11. *Rules governing the carrying out of an AS*

If, after the different preparation phases are completed, an AS is to be effectively carried out **two members of the assistance team are always assigned** (instead of just one, as was previously the case). They are responsible for overseeing a sequence of rules.

1.11.1. Advance care for members arriving from abroad

If members travelling to Zurich for a doctor's consultation or an AS are able to travel to Zurich in time to take up accommodation in the city or its surroundings before their first appointment, there is the opportunity for a personal meeting between the member and one or both of the AS escorts. If required, the member will also be accompanied on their later journeys to the doctor's office and/or the AS location.

1.11.2. Reception at the AS location

In every case, special care is taken to ensure that members – as well as the family and friends accompanying them – who arrive at the AS location without being accompanied by a staff member of DIGNITAS are met in good time and taken to the designated rooms.

1.11.3. Preliminary information for the DIGNITAS escorts

The DIGNITAS escorts can access the member's dossier, which is prepared for hand-over to the authorities, in sufficient time so that they can form a clear picture of the member and the reasons that led to their choosing an AS. This ensures that the DIGNITAS escorts possess the necessary information about the matter at hand. They usually arrive at the AS location at least one hour before the appointment. After making sure that the rooms are in order, they can once more review the information in the dossier regarding the planned AS.

1.11.4. Meeting with the member

Once the member – and anyone accompanying him or her – has arrived, they are greeted, introduced and served with beverages (tea, coffee, mineral water). After this, the escorts will conduct another detailed conversation with the member, asking about the reasons underlying their decision to commit suicide.

This conversation is usually conducted in the lounge area. Only when a member must remain lying down, or when other reasons compel the member to lie in a bed, is the conversation carried out in the AS room.

1.11.4.1. No pressure to proceed to «B» if «A» has been achieved

During this conversation, it is repeatedly and clearly stressed that the fact that the member travelled to Switzerland does not automatically mean that he or she must go through with the AS. At this point, and indeed right up to the last moment before the medication is taken, the member is completely free to decide against going through with the AS. The member is also told that DIGNITAS is happy every time a member makes the decision to carry on living and returns home.

Making such a decision, even at a very late stage, does not preclude a member from returning to Switzerland at a later date to undergo an AS.

1.11.4.2. Explanation of the process of the AS

During the conversation, the member and any accompanying people will have the process of the AS explained to them so that they know beforehand exactly what will happen. This will include precise information about the manner in which the member will administer the medication to himself or herself, depending on the circumstances.

If the member can **swallow** unaided, the dissolved medication will be taken as a drink in approximately 60 ml of water.

If a **stomach tube** is in place through the nose or in the form of a PEG tube (percutaneous endoscopic gastrostomy) through the abdomen, or if the member has a pre-existing **intravenous drip,** and if the member, unaided, is able to press the plunger of a syringe filled with the medication and attached to that tube or drip, then the medication will be administered this way.

If the member has a stomach tube or intravenous drip but is **not able,** unaided, to use a syringe to administer the medication then DIGNITAS can provide an easy-to-handle remote control which they can activate with a small movement (e.g. a finger, toe or jaw) to start the attached pump.

If an **artificial breathing device** is being used, the member must also activate the so-called «power terminator» which will independently interrupt the power supply soon after they take the medication and shut down the artificial breathing device.

If the medication is to be taken through the stomach, the member must first take up to 70 drops of Paspertin (metoclopramide) as an anti-emetic to prevent (as far as possible) them vomiting the unpleasant NaP. In this context, it is also necessary to warn the member that the medication has a rather bitter taste but, immediately after they take it, they can have a sweetened drink or chocolate to remove the unpleasant taste.

If it is decided that the member will take the medication by activating a piece of auxiliary equipment (such as a remote controlled pump or a power terminator), this process will also be covered in detail during the conversation.

The interview will end by asking the member (and those who accompanied them) whether they would like to ask any other questions. If so, then the interview will be continued accordingly.

This interview, as well as the entire AS, is conducted without any time pressure on the part of DIGNITAS. The organisation follows the principle already stated (see 1.10.1, page 13) that it is never DIGNITAS which initiates the next phase and further proceedings but that it is always and only the member's own prompting which leads the entire process of the AS from one phase to the next, and that the process will not move on until the member declares that he/she is ready and requests for the next step.

1.11.4.3. Emerging doubts

If any doubts as to the member's capacity of discernment arise during the conversation, or if there is a feeling that the member is obviously not making his/her decision free from external pressure but rather is being influenced by a third person or even someone who is present, the conversation will be continued by giving both DIGNITAS escorts the chance to speak with the member alone. If the doubts of both DIGNITAS escorts cannot be completely removed in this way, then the AS will be cancelled and the member and the people accompanying them will be informed.

1.11.4.4. Information about the investigation by the authorities following the AS

The member and those accompanying him or her will also be informed of the administrative procedures that take place after the death to establish that an «extraordinary death case» has taken place. In particular, it will be mentioned that any number of authorities may arrive.

1.11.5. Drawing up of the final documents

Once these topics have been covered, the member will be informed that DIGNITAS – in the event that their family does not take on this task – must draw up an appropriate agreement which gives DIGNITAS power of attorney so that their death can be certified and the cremation or the transport of their body carried out.

Without this power of attorney, DIGNITAS is unable to represent the member in dealing with the relevant authorities (registry office, burial office). Since the issue has been discussed and resolved in advance and the corresponding fees for these additional services have already been invoiced, there is no additional cost for awarding power of attorney. If the member does not want an autopsy to be performed, they can also convey their wishes in this matter to the attorney. However it is necessary to inform the member that, due to still undecided legal issues, it is not always possible to honour this wish.

Relatives who accompany the member are also given the opportunity to grant this power of attorney. This is particularly relevant later on, after the death, when the interests of the deceased person need to be upheld in the presence of the authorities dealing with the case. According to Swiss law, no more demands can be made in the name of the deceased person. Family members may however defend the deceased person in their own right.

The last document to be signed by the member is the «declaration of suicide», which states that the member is voluntarily ending his or her own life, that they want to use the services of DIGNITAS, and that DIGNITAS has clearly outlined to him or her all the risks involved. This means that DIGNITAS cannot be held responsible for any problems that might arise during the AS despite the most careful preparation.

If the member's poor health means that they are not able to sign this last document, one of the other people present can sign this on their behalf.

1.11.6. Saying farewell

Members and those who came with them are then given the opportunity to say farewell. If desired, this can take place without the presence of the DIGNITAS escorts who will withdraw for as long as necessary.

1.11.7. Administration of the medication

If all of the criteria are met and all of the questions have been answered, if the member has been repeatedly informed that he or she is free to return home permanently or temporarily and if the member still expresses a wish to die, and if the lethal medication is to be administered through the stomach, the medicament to prevent vomiting can be given.

Thirty minutes later, the member is questioned once again to see whether they still want to die. If they do, the prescribed dose of NaP is dissolved in normal tap water and presented to the member in whatever form is necessary for the planned method of administration.

When the medication is being administered, assistance is permitted as long as it does not in any way lead to someone else administering the medication. For instance, holding a glass containing a straw is allowed, but tipping the glass so that the liquid runs into the mouth is not. Careful attention is paid so that the «onus of the deed» remains on the member and is in no way transferred to either of the DIGNITAS escorts or any other person present. Directly after the medication has been swallowed, the member is offered either a sweetened beverage or chocolate to remove the bitter taste left in the mouth.

1.11.8. Care of family members or friends

As soon as the member has lost consciousness, the people who accompanied him or her are given special care.

1.11.9. Confirmation of death

The DIGNITAS escorts monitor the process of the dying phase. When they are confident that death has occurred, they confirm by checking the pulse, breathing and pupil reflexes, and in some cases by contact-free measuring of temperature. If these indicators, also known as «uncertain signs of death», are present, the escorts can wait until they are able to confirm the «certain signs of death», in particular livor mortis.

Once they are convinced that death has occurred, they offer their condolences to the people who accompanied the deceased person, then use the emergency telephone number to notify the police of the AS.

1.12. Division of duties during the official investigation

After the representatives of the authorities arrive, one of the DIGNITAS escorts focuses on supporting the people who accompanied the member; the other one makes himself/herself available to answer the questions of the authorities.

1.13. The findings of the official investigation

In replying to a question from the Zurich cantonal government about the results of the official investigations, the *Regierungsrat*, the governing council of the canton of Zurich, stated, among other things, that:

> «The governing council has already stated numerous times that the investigations into assisted suicide carried out up until now by the prosecuting authorities – namely also with regard to the financial aspects – have not presented any proof of the existence of selfish motives… The governing council has already made repeated statements about criminal proceedings against Dignitas or its representatives and confirms that there have already been several criminal proceedings carried out against people who were active in Dignitas, whether to clarify questions regarding finances, to investigate the procedure concerning the prescribing, delivery and storage of Natrium Pentobarbital (NaP), or with regard to assistance that possibly overstepped legal boundaries during the assisted suicide itself. **All of the proceedings were dropped due to a lack of legally valid suspicion of a criminal offence**.» (our own emphasis).

2. Philosophical and political principles guiding the activities of DIGNITAS

From a philosophical and political perspective, the fundamental values of DIGNITAS are based on values that the Swiss state has upheld since the founding, in 1848 of the modern federation, and the further development of these values on a national and international level since then.

The starting point must be the **liberal position** that in a free state any freedom is available to a private individual provided that the availing of that freedom in no way harms public interests or the legitimate interests of a third party.

These values are

- Respect for the freedom and autonomy of the individual as an enlightened citizen
- Defending this freedom and autonomy against third parties who try to restrict those rights for some reason, whether ideological, religious or political
- Humanity which seeks to prevent or alleviate inhumane suffering when possible: probably the most shining example of this in our history, on a national and international level, led to the founding of the Red Cross
- Solidarity with weaker individuals, in particular in the struggle against conflicting material interests of third parties
- Defending pluralism as a guarantee for the continuous development of society based on the free competition of ideas

- Upholding the principle of democracy, in conjunction with the guarantee of the constant development of fundamental rights

2.1. Respect for the freedom of individuals

Respect for the freedom of individuals in the form of an enlightened citizen who takes on personal responsibility (a «citoyen» in the sense of the political philosopher from Basel, ARNOLD KÜNZLI, who died in 2008; in his essay «Bourgeois und Citoyen: Das Doppelgesicht unserer Gesellschaft», in: Michael Haller, Max Jäggi, Roger Müller (Ed.), Eine deformierte Gesellschaft, Die Schweizer und ihre Massenmedien, Basel 1981, p. 299 ff.) he also reveals, among other things, that – in contrast to earlier law – constructive law valid today no longer punishes a suicide attempt.

What Gertrud, the wife of Werner Stauffacher in Schiller's magnificent epic tale of freedom «William Tell», considered to be freedom – «A leap from this bridge will make me free!» – is most assuredly applicable to every Swiss resident today.

2.2. Freedom from the expectations of a third party

It is also clear that every person on Swiss soil is entitled to the freedom to live his or her life independent from the individual ideological, religious or other types of ideas of a third party.

No one has the right to impose or even attempt to impose his or her individual ideological, religious or political beliefs on another. Muslims should not do it to Christians, Jews or Buddhists. Christians should not do it to Jews or those of other beliefs and a believer should not do it to an unbeliever – not even using the indirect method of a governmental regulation.

In this case, the state should be the guarantor for a pluralistic society and must forbid anything that would restrict this pluralism or lead it in a certain direction in the interest of a specific ideological viewpoint.

2.3. Humanity

When addressing the question of whether a person who wishes to die should be offered help, humanity needs to be the central focus.

The term «humanity» is admittedly vague in and of itself; however, it plays an important role for example in the «Declaration of Geneva», which was adopted by the General Assembly of the World Medical Association in 1948 and last amended in 2006.

Although this declaration does not make any reference to medically assisted suicide, it does begin with the formulation:

«I solemnly pledge to consecrate my life to the service of humanity»

The declaration also contains the following as its final sentences:

> «I will maintain the utmost respect for human life; I will not use my medical knowledge to violate human rights and civil liberties, even under threat».

Since experience shows, however, that it is difficult to interpret the undefined terms of humanity, respect or even dignity as such, in the end the only help comes from the decision to stop and consider what is the true objective of medicine instead of relying on interpretation.

The German medical ethicist EDGAR DAHL from the Giessen Clinic formulates it this way (in his essay «Im Schatten des Hippokrates / Assistierter Suizid und ärztliches Ethos müssen sich nicht widersprechen», published in «Humanes Leben – Humanes Sterben», 4/2008, p. 66-67):

> «Medicine consists first and foremost of prevention, diagnosis and therapy. This means that it strives to avoid disease, identify disease and treat disease. One could conclude from this that the objective of medicine is to maintain the health of the individual. In fact, the Declaration of Geneva states that «The health of my patient will be my first consideration». As enlightening as this declaration appears to be, it is however incomplete. A look at palliative medicine is sufficient to show that a doctor's duty is not at all limited to simply maintaining health. For example, palliative doctors spend their days and nights caring for patients whose health cannot be restored.
>
> Based on this, it would seem more suitable to consider the objective of medicine to be the alleviation of human suffering. Looking at it this way, we would also be encouraged by asking ourselves why medicine is committed to avoiding, identifying, and treating disease. The fight against disease is not an objective in itself. Rather, this fight is taken up to protect us from physical and emotional suffering, which tends to accompany illnesses.
>
> By fulfilling its objective to alleviate human suffering, medicine is however continually bound to respecting the self-determination of human beings. No one is allowed to treat a patient against his or her will. That doctors are only permitted to introduce or terminate medical procedures with the express permission of the patient is now a generally accepted fact. For example, whether or not a life-prolonging procedure is introduced or terminated is always and exclusively dependent on the agreement of the patient involved.
>
> When medical ethics, as described above, are based on the alleviation of suffering and the respect of self-determination, it should be obvious that these ethics are completely compatible with assisted suicide, since a doctor who fulfils the request of a terminally-ill patient to stop all further

therapy and prescribe a lethal medication is alleviating suffering and respecting self-determination.»

A policy that is aimed at doing everything possible to prevent **every** suicide **without** taking into account the will of the person concerned violates humanity. Whoever acts in this way to force people to attempt to bring about their own death in a violent manner, and thus accept the possibility of inhumane risks, is acting inhumanely.

Is it somehow humane to allow a person to achieve his or her own will by attempting something such as that reported by an interested person from England who e-mailed DIGNITAS in 2008, and to accept the consequences thereof?

«Dear Dignitas. My name is J.(xx) H.(xx). I am 19 years old, and live in Scotland, UK.

About 2 months ago I attempted to commit suicide by jumping off a multi storey car park. My attempt failed, and instead of dying, I write this e-mail to you from my hospital bed.

I crushed both of my feet, broke my leg, broke my knee, broke my sacrum (part of my pelvis) and most devastatingly, broke my spine, in 3 places, which has resulted in a degree of paralysis in my legs. I spent 6 weeks in hospital in my home town of Edinburgh, and was then transferred to a special spinal rehabilitation hospital in Glasgow.

I am told that I will need to spend 6 months at this hospital, and that I will be in a wheelchair for the rest of my life. I now have a loss of sexual function, which seems unlikely to return, as well as huge problems managing my bowels and bladder (I cannot feel them moving).

I was already suicidal, and now that I will be disabled for the rest of my life, at such a young age, I truly cannot bear the prospect of life. I am only 19, and I now have the grim reality of 60 years in a wheelchair. The physical pain I am in alternates between bearable and completely unbearable. Perhaps the pain will ease off with time, but this is not a certainty. There are times every day where I scream with pain, due to being moved in bed, hoisted into the wheelchair etc.

I would like to ask if I could be considered for an assisted suicide, as I am completely certain I would like to end my life, and believe I should have the right to do so.

I would be too afraid to try and kill myself again, given the devastating effects of my first failed attempt. It would also be much more difficult to attempt suicide from

a wheelchair. I only wish that my country was humane enough to let a person die.

Please consider my letter, I hope to hear a response,

J(xx) H.(xx)»

In this message, which must horrify every person who has any feelings whatsoever, the author has not yet shared what the problem was that motivated him to attempt suicide in the first place.

However, one thing is certain: If, after becoming suicidal, he had had the opportunity to talk with other people about his problem without having to fear that he would be immediately admitted to a psychiatric ward, his fate would have most certainly been different. People would have tried to show him that there were also solutions other than suicide for his problem in order to give him a real chance to solve the underlying problem without resorting to violence against himself. This way, he would not have had to accept the risks that have now marred him in such a devastating way. Under humane conditions of this kind, he would have certainly had a real chance to overcome his suicidal tendencies.

In this context, it is especially important to ask why it is ethically commendable to put a severely suffering animal to death, but it is impossible to allow a severely suffering human to end his or her own life, without having to accept the inconceivable risks of failure and additional self-mutilation. **What abstruse ideas could lead someone to declare that what is humane for a person to do to a suffering animal is unethical if done to a suffering human, especially since an animal *cannot* express itself in human speech, yet a human can clearly state his or her will?**

2.4. Solidarity for the interests of those who are weaker

Solidarity with, and protecting the interests of, people who are considered weaker, especially in the struggle against the conflicting – and often financially motivated – interests of third parties, is one of the fundamental qualities of the Swiss public spirit.

The principle «One for all and all for one» is not fully realised in the narrow limitations of that which the state directly encourages as solidarity based on the laws it creates, but rather it is only fully realised in the broader field of **social solidarity in civil society**, that is, turning a certain group of people towards another group that is in need of special help.

2.5. Plurality

The defence of a pluralistic system is equally important because it alone guar-

antees that the free competition of ideas, and thereby the further development of society, remain possible.

2.6. Democracy and basic rights

Further significant fundamentals of our shared existence include the principles of democracy within that sphere which is not left up to the individual's own discretion as a consequence of his or her basic rights.

In this context, it must be said that a representative survey on the topic of assisted suicide found that 75% of the evangelical population and 72% of the Roman-Catholic population would claim the possibility of assisted suicide for themselves and thus endorsed it (in «Reformiert.» 29 August 2008; GALLUP TELEOMNIBUS survey from 3-12 July 2008 through ISOPUBLIC, Schwerzenbach, online at: http://www.reformiert.info/files_reformiert/1492_0.pdf).

2.7. Citizens are not the property of the state

Finally it must also be said that people who inhabit a country should never be degraded by being considered the property of the state. They are the bearers of human dignity, and this is characterised most strongly when a person decides his or her own fate. It is therefore unacceptable for a state or its individual authorities or courts to choose the fate of its citizens.

3. Objective of the DIGNITAS process / People involved in it

3.1. A three-part breakdown of the objective of the process

The process, which generally requires a substantial investment of time, **intends** to serve a member who desires the preparation of an AS:

- **firstly**

  by showing him or her a **way to continue living** by suggesting different means of improving quality of life. In the case of disease, disability or pain situations, improvements to therapy, effective pain alleviation when possible and/or a change in the social environment leading to an improvement in the quality of life are detailed;

- **secondly**

  if the primary goal cannot be met either for *objective* reasons,

  for instance as the result of the existing nature of the health issue in an individual case,

  or for *subjective* reasons,

  for instance when a member who has sufficient reasons to end his or her li-

fe decides not to accept the suggested alternatives for continuing to live,

the preparation of an AS up to the procurement of the «provisional green light» (literally the agreement of the doctor to prescribe NaP) is set in motion. This is done because, based on experience, the doctor's agreement is sufficient in itself in many cases to give the member a tangible choice once again and allows him or her to wait out the developments and postpone the wish to die, as well as providing the chance to carefully assess whether the **necessary criteria for an AS actually exist.** These criteria are:

- an unmistakable declaration of the desire to wilfully end one's own life with assistance
- a repeated wish to die expressed over a certain, relevant time period, from which can be determined that the desire to die is persistent
- confirmation that there are no signs of pressure from a third party to force the member to request an AS which, if present, would mean that the wish to die was not the result of the member's own determination
- confirmation that there are no signs that the member lacks sufficient capacity of discernment to decide to end his or her life with the help of a third party; and

- **thirdly**

  if, after these preparatory stages are complete, the member requests the possibility of an assisted suicide it should be made available to him or her.

  The requirement for this is that during the personal consultations with the doctor which take place during this phase, no obstacles appear such as a lack of the capacity of discernment, a lack of the freedom to decide, or the absence of the desire to die. If these criteria are met, the doctor moves ahead with the prescription of the required NaP.

  As stated previously (see 1.11.4, page 18), all of these criteria will be checked again in the very last phase, during the time leading up to the actual AS and immediately prior to the administration of the lethal medication.

3.2. People involved in this process

The medical-ethical guidelines of the Swiss Academy of Medical Sciences (SAMW) concerning the «Care of patients at the end of life» from 25 November 2004 regulates an assisted suicide that **is performed by a single doctor for one of his patients who asked him to do it, making it an exceptional case that falls under the category of a medical conflict of interest.** The authorities assume that only one person – the doctor – is involved as an assistant in such a case.

In contrast, during the process carried out by DIGNITAS not only is the patient involved with the doctor but so are many other people, all of whom come into

contact with the member in some way or another and thus can verify his or her statements during the different phases of the process.

The staff members from DIGNITAS who handle the case will make contact with the member long before the doctor. In general, there are many different people involved because whichever member of DIGNITAS' staff is on reception duty in the office at the given time deals with the member. The type of contact ranges from correspondence and telephone calls to personal meetings. In addition, the account of the member's life, their letter of request, their living will and the doctor's reports, which the member submits, are all forms of contact.

If outside individuals or organisations are involved (see previous point 1.5.2, page 7) in making contact with the member and carrying out assessments, they also gain an immediate impression of the personality of the member. The same applies when DIGNITAS asks another doctor for a special assessment.

If a member travels to Switzerland to have a consultation with the doctor, personal meetings with DIGNITAS staff always take place as well. The same thing happens when members finally make the trip for the AS. At this point, there is always contact between the member and at least two people belonging to DIGNITAS staff.

3.3. The consequences of these measures

From these measures it is clear that the key confirmations regarding the criteria for the admissibility of an AS are not made by one doctor acting alone in direct contact with the patient. The complete opposite is in fact true as a number of different people will be in contact with the DIGNITAS member, and often the member's relatives and/or friends are involved as well. The doctor and these other people are the ones who, during the course of their contact with the DIGNITAS member who wishes to die, can clearly, unmistakably and unanimously confirm that

- the member has persisted over a relatively long time period in his or her desire to die and maintained the desire to the very end *and*
- there are no signs of a lack of capacity of discernment with regard to the question of ending his or her own life with the assistance of DIGNITAS *and*
- there are no signs that could otherwise indicate that the member has been pressured or manipulated into the decision by a third party.

4. Conclusions

Anyone who considers all of this carefully – and in particular the statement of the governing council of the canton of Zurich, according to whom none of the investigations carried out concerning DIGNITAS had ever led to a sustainable

criminal suspicion since DIGNITAS was founded – can only come to one conclusion: **DIGNITAS fulfils its self-imposed task according to clear, transparent guidelines. These guidelines ensure the highest quality of the service provided, both in the area of relieving and extending the life of members who suffer from disease, disability and/or pain, as well as in the comparatively much rarer cases in which the member who wishes to die declares that death is preferable to every other solution.** DIGNITAS helps to form the right basis for making a decision and ensures, through the many different phases of the process, that people can realise their ideas of self-determination in a way that takes the protection of life very seriously.

At a time in which **unassisted suicides among seniors,** in particular, are increasing sharply – as a result of the significant increase in life expectancy and the associated health and social problems of many men and women who have become old, sick and lonely – the careful and considered advice in matters concerning the voluntary ending of one's own life is gaining relevance.

It is time for those in the field of science in Switzerland and in other countries to finally address this topic in an unbiased manner.

The studies carried out so far on individual aspects of the activities of organisations that make assisted suicide possible unfortunately only concern themselves one-sidedly with questions relating to those who have chosen to die voluntarily.

The issue of far greater importance is that of the **suicide-prevention effect** which the organisations active in this area have accomplished, yet it has garnered little attention from the world of science up until now – and not at all from the media.

Yet in every case, appropriate political action urgently requires a concrete, comprehensive knowledge base that will illuminate all aspects of an issue.

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