

Assisted suicide seekers turn to Switzerland

Swiss law is becoming a major reference point for those seeking to legalize medically assisted suicide. Lord Joel Joffe, who on 20 February introduced a Patient Assisted Dying Bill in the UK parliament, cited the case of Reginald Crew, who had ended his life with medical assistance in Zurich in January. This and other much publicized cases, Joffe said, reflected “the pressing need to allow terminally ill competent adults greater choice in the manner of their death”.

Crew was a 74-year-old paraplegic using a wheelchair and in constant pain. He had flown in January from Liverpool in the UK to Zurich with his wife and daughter, and ended his life there with a doctor’s help in a flat rented by Dignitas, a euthanasia association. Dignitas was founded in 1998 by Ludwig Minelli, a retired journalist and lawyer. Minelli says the aim of his association is to help others die with a dignity they cannot find in their own countries. It now has 2500 members. In the year 2000, three foreigners committed suicide with medical assistance in Zurich, followed by 38 in 2001, and 55 in 2002.

Article 115 of the Swiss Penal Code states that assisting someone to commit suicide is punishable if done for selfish motives, implying that if the motive is not selfish such assistance is legal. Most of the members of Dignitas, a strictly non-profit organization, are German, reflecting the relative stringency of that country’s law.

The German Penal Code does not refer to euthanasia but to “homicide on demand”, and states that if it is committed at the explicit and serious request of the victim it carries a penalty of between six months and five years of prison. The law governing euthanasia in England and Wales comes under the Homicide Act of 1957 and the Suicide Act of 1961, both of which make it a criminal offence. It carries a prison sentence of up to 14 years under the Suicide Act.

Belgium, the State of Oregon in the USA and the Netherlands are usually cited as places in which euthanasia is

legal, but other restrictions make it less accessible to foreigners. “The laws that once existed in most countries against suicide had practical as well as moral roots, since without such a prohibition people’s willingness to keep going in the face of hardship would be greatly reduced and society would be weakened,” explains Alex Capron, Director of WHO’s new Ethics and Health unit. “Today, suicide has generally been decriminalized, though aiding suicide is still prohibited, out of a sense that potential suicides are often depressed and vulnerable.”

Of the over 100 cases of assisted suicide by foreigners that have taken place in Zurich only one is under legal scrutiny by the Swiss authorities, on the grounds that the patient may not have been terminally ill. Win Crew, on the other hand, who accompanied her husband to his death in Zurich, is under investigation by the Merseyside (Liverpool) police.

Does the loophole in Swiss law imply a surprising new chapter in Switzerland’s long history of humanitarianism and international cooperation? It is helping to stimulate debate about the law, but perhaps the real debate should be about “the need for all patients to have access to appropriate alternatives,” Capron says. “These include hospice care, palliative care, and the whole range of other resources for care when cure is no longer possible. They also include, in most countries, the patient’s right to decline further use of expensive medical technology.” ■

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