
回應：

「如何死得安樂？」

謝俊仁



- 多謝幾位專家的精彩分享
- 「安樂死應否合法化」是個複雜的問題：
 - 牽涉對立的倫理原則
 - 牽涉個人價值觀，亦受個人經歷以及文化背景影響
 - 容易情緒化（牽涉死亡、痛楚、個人自主、宗教信仰）
- 需要客觀平衡各種對立的因素
- 更要避免謬誤的辯論

避免謬誤的辯論

定義混淆

- 「不作無效用的維持生命治療」/「預設醫療指示」被稱為「被動安樂死」，與「主動安樂死」混淆

避免謬誤的辯論

錯誤前提

- 香港中文大學生命倫理學中心 Centre for Bioethics: Lanson Lecture 2018
- Prof Frances Kamm
- “Assisted Suicide: Arguments For And Against” 協助自殺：支持與反對的理據
 - The first step of her Four-Step Argument 四步論證的第一步：
 - Doctors are morally permitted to relieve physical pain in a patient by administering morphine ... even if they know **with certainty** that its use **will cause his death** as a foreseen side effect ...
 - 即使醫生知道嗎啡的副作用**肯定會引致該病人死亡**，倫理上，仍容許醫生為病人的身體痛楚處方嗎啡

避免謬誤的辯論

局限的選項

- 「末期病人身體極度痛楚，主動要求安樂死，為何不容許？」
- 需要理解，「安樂死」之外，還有方法達至「安詳離世」

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- 紓緩治療的幫助
 - 包括不作無效用的維持生命治療
 - 預設醫療指示；「不作心肺復甦術」指令
- 在香港：紓緩治療服務與社區支援均不足夠

我們要理解，在不少國家或地區

- 要求「安樂死合法化」，實在是要要求「**個人選擇**」
 - 俄勒岡州 Oregon 法律: the attending physician must **inform** the patient of **feasible alternatives** ... including comfort care, hospice care, and pain control.

為何不選擇紓緩治療?

- Prefer not to go through the dying process 不情願度過死亡過程
- Worry about or presence of existential suffering 擔心或已經有「存在」的痛苦
- To exercise complete control over one's own death 希望完全控制自己的死亡

Linda Ganzini, Elizabeth R. Goy, Steven K. Dobscha,

“Why Oregon Patients Request Assisted Death: Family Members’ Views”

Journal of General Internal Medicine 23, no. 2 (2008): 154-157.

A. Chapple, S. Ziebland, A. McPherson, A. Herxheimer,

“What People Close to Death Say about Euthanasia and Assisted Suicide: A Qualitative Study,”

J Med Ethics 32, no. 12 (2006): 706-710.

需要平衡對立的倫理原則

- 平衡「個人選擇」與「對社會的影響」
 - 對嚴重或長期病患者的無形壓力
 - 滑坡 **slippery slope**

滑坡 SLIPPERY SLOPE

- 要求「安樂死合法化」，通常強調：
 - 末期病人
 - 身體痛楚
 - 個人選擇
- 不過，社會一旦接受了「**為他好而殺死他**」的**原則**，會走下「滑坡」，擴展至其他人士。
 - 這不只是「能否防止濫用」的問題

滑坡 SLIPPERY SLOPE

- In a study in Netherlands 荷蘭, 6.8% of those who had physician assisted death were categorized as **tired of living**. 對生命厭倦

Barron H. Lerner, and Arthur L. Caplan, "Euthanasia in Belgium and the Netherlands on a slippery slope?" *JAMA Internal Medicine* 175, no. 10 (2015): 1640-1641.

- Psychiatric patients who had euthanasia carried out in Belgium 比利時 included patients with **depression** 抑鬱, **personality disorder** 人格障礙 **and autism spectrum disorder** 自閉症類群障礙.

Lieve Thienpont, Monica Verhofstadt, Tony Van Loon, Wim Distelmans, Kurt Audenaert, and Peter P. De Deyn, "Euthanasia Requests, Procedures and Outcomes for 100 Belgian Patients Suffering from Psychiatric Disorders: A Retrospective, Descriptive Study," *BMJ Open* 5, no. 7 (2015).

滑坡 SLIPPERY SLOPE

可以下滑得很快

- 「安樂死」在加拿大於**2016**年合法，起初局限於末期病人
 - **2021**年，擴展到非末期病人
 - **2023**年3月，將擴展到精神病人

<https://www.ctvnews.ca/w5/the-death-debate-why-some-welcome-canada-s-move-to-assisted-dying-for-mental-illness-and-others-fear-it-1.6109646>

滑坡 SLIPPERY SLOPE

- 不單是清醒成人的個人選擇
 - 在荷蘭和比利時，兒童可以接受安樂死

滑坡 SLIPPERY SLOPE 下一步可能是什麼？

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Advance euthanasia directives: a controversial case and its ethical implications

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Abstract

Authorising euthanasia and assisted suicide with advance euthanasia directives (AEDs) is permitted, yet debated, in the Netherlands. We focus on a recent controversial case in which a Dutch woman with Alzheimer's disease was euthanised based on her AED. A Dutch euthanasia review committee found that the physician performing the euthanasia failed to follow due care requirements for euthanasia and assisted suicide. This case is notable because it is the first case to trigger a criminal investigation since the 2002 Dutch euthanasia law was enacted. Thus far, only brief descriptions of the case have been reported in English language journals and media. We provide a detailed description of the case, review the main challenges of preparing and applying AEDs for persons with dementia and briefly assess the adequacy of the current oversight system governing AEDs.

- Advance euthanasia directives
- 預設「安樂死」指示

滑坡 SLIPPERY SLOPE 下一步可能是什麼？

- Assisted deaths for existential suffering purely from social reasons?純粹因社會因素引致的存在痛苦而協助死亡
- Assisting suicide by non-healthcare-professionals?非醫療人員協助自殺
<https://www.reuters.com/world/europe/dutch-right-to-die-group-fights-widen-legal-euthanasia-boundaries-2022-10-10/>
- Non-voluntary euthanasia? 非自願安樂死
- 社會一旦接受了「**為他好而殺死他**」的原則，以上的情況便可能發生。

「安樂死」辯論

- 「安樂死」辯論很複雜，沒有標準答案
 - 將會在各地繼續
- 在香港，不論「安樂死」是否合法化，**都急需改善**
 - 紓緩治療、社區照顧、醫社合作、生死教育

倫理的關注

- 不單是辯論道理
 - 還要包括：孔子「仁」、孟子「惻忍之心」
 - 同情心和同理心
- (區結成醫生6/11/2022有關新冠復常之路的文章)
- 贊成和反對「安樂死」的人士都需要緊記這點



謝謝！