DIGNITAS and the right to live and die in dignity
Fourteen years of efforts in suicide attempt prevention, pro life, pro choice and pro assisted dying

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Introduction
There is a quote by an unknown author saying: We are born wet, naked and hungry – then things get worse. Having to leave warmth, being fed, cared for and protected into a world of noise, beaming lights and some doctors, nurses and other grown-ups staring and grinning at you seems hardly desirable. Nonetheless, this new human being struggles to survive and live on. And this instinct to survive, the wish to live on, runs like a thread through our lives. We all want to live. However, we don’t just want to barely live. We have personal views which determine whether our life still holds some value for us.

So, what’s it worth, our life? You may ask an insurance company: they will tell you the value of your life in Pounds Sterling, the amount depending on whether or not you are a VIP. You may ask a priest: depending on the religion, he or she will quite likely tell you that life is sacred and how only God can give and take it. You may ask a military general: he will tell you that the soldier’s life is everything, the enemy’s life is nothing and at the same time probably think that all of them are just cannon fodder anyway. You may ask physicians: most of them will tell you that life and maintaining it is worth everything – and life’s end is a medical nuisance. In fact, you may ask anyone, no matter whether
ethicist, physician, politician or anybody in the street: they mostly have an answer ready, they know what’s it worth, human life.

However, the majority of these people make a common mistake: they forget to add that what they think about the value of human life, after all, will only apply to themselves, to their own life. They forget that one cannot really judge the value of life of others. The healthy cannot judge over someone who is suffering what that individuals’ life is worth, whether or not it’s worth carrying on.

There is a problem deriving from this: Talking generally with other people about personal views and values of life is one issue – yet it is another issue to say that, in a given situation, one’s own life is not worth living anymore and that therefore one wishes to end it. For many years polls have shown more support than rejection of medically assisted dying, such as for example the British Social Attitudes Survey (BSA) which already in 1985 showed that 75 percent of people support the idea. Despite that support of a majority, one could run into quite some difficulties, like even being sectioned under the Mental Health Act, when talking to one’s close ones, physician or therapist about one’s personal wish to end it all. The problem is the taboo surrounding end-of-life-issues. This taboo is responsible for quite a lot of suffering and it is one of challenges that DIGNITAS works on.

Who or what is DIGNITAS?

DIGNITAS is a non-profit-organisation founded on May 17th 1998 in Forch, near Zürich by Ludwig A. Minelli, an attorney-at-law specialising in human rights. In accordance with its articles of association, DIGNITAS has the objective of ensuring a life and a death with dignity for its members and of allowing other people to benefit from these values. This is reflected in the full name and the logo of the organisation: DIGNITAS - To live with dignity - To die with dignity. As you can see, the aspect of a dignified life comes first. It is DIGNITAS’ first and most important task to look for solutions which lead towards re-installing quality of life so that the person in question can carry on living. At the same time, if solutions towards life are not possible, the option of a dignified death must also be looked at.

Contrary to the nonsense spread by incompetent journalists, DIGNITAS is not a clinic, DIGNITAS does not offer euthanasia, DIGNITAS does not give poison or a cocktail of drugs to those wishing to end their life within the
framework of a legal assisted suicide, and DIGNITAS is not about “check in and drop out”.

Today, DIGNITAS, together with its sister association DIGNITAS-Germany in Hannover, which was founded on September 26th 2005, has some 6500 members in 70 different countries around the world. As of today, 899 of our members live England, Wales and Scotland. We have an office in Forch and we have a house in Pfäffikon-Zürich where accompanied suicides for members from abroad may take place. There are 20 people working for DIGNITAS, most of them part-time, comprising board members, an office-team and a team of companions who visit patients and assist with accompanied suicides.

Most important, DIGNITAS does not restrict its services to Swiss residents. The Good Samaritan did not request to see a passport before he helped the injured man on the road. DIGNITAS ignores borders as far as possible.

The goal of DIGNITAS

The core goal of DIGNITAS is to disappear, to vanish, to close down. When freedom of choice in “last matters”, the freedom of talking openly about end-of-life-issues, the respect of the right to self-determination has been reached, then an association like DIGNITAS will not be necessary anymore. As that freedom is implemented in more countries – step by step, in all countries – then no one will have to become a “suicide tourist”; in fact, a “freedom tourist” or “self-determination-tourist” is certainly a more appropriate term. However, as long as most countries’ governments and legal systems disgracefully disrespect their citizen’s basic human right to a dignified end in life and force them either to turn to risky suicide attempts or to travel abroad instead, DIGNITAS will serve as an “emergency exit”.

DIGNITAS’ philosophy

The starting point for the principles guiding the activities of DIGNITAS is the liberal position that 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. We uphold values such as

• respect for the freedom and autonomy of the individual
• defending this freedom and autonomy against third parties who try to restrict those rights for some reason, whether ideological, religious, economic or political
• humanity which seeks to prevent or alleviate inhumane suffering when possible
• 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

People are not 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. Very much like John Stuart Mill put it: “Over himself, over his own body and mind, the individual is sovereign.”

The freedom to shape one’s life includes the freedom to shape the end of ones’ life. To choose the time and manner of one’s own end in life is a basic human right. However, departing on such a “long journey” entails responsibility. All individuals are part of society. Therefore, one should not set out on this journey without careful preparation, nor without having said appropriate goodbye to loved ones.

Three parts of DIGNITAS’ daily work

1) Suicide attempt prevention – the roof above all our work

On January 9th 2002, the Swiss government explained that according to scientific research, for each committed suicide there are as many as twenty to fifty attempted suicides. Based on the fact that in Switzerland the annual number of officially registered suicides counts to 1.350, this means that in one year, Switzerland has about 20.000 to 67.000 suicide attempts. For the whole of the UK, the number of suicide attempts is up to 280.400 each year, given that there are 5.608 suicides mentioned in the publication of the Office for National Statistics for the year 2010. The World Health Organisation (WHO) estimates that there are one million deaths due to suicide worldwide every year. Thus, the number of suicide attempts worldwide is between 10 and 50 million. Obviously, suicide attempts are a massive social problem.

The typical approach of suicide prevention includes: a) restricting access
to means of suicide, b) safety measures in places where many suicide attempts have taken place and c) limiting public awareness of suicides in the media and pushing to keep the issue private.

This approach is very much about just reducing the number of deaths by suicide, aiming at one death less in the statistics. It is an approach which is satisfied by the mere result that a suicide attempt fails. Obviously, it is a rather limited, paternalistic and statistical approach and, to little surprise, it has not significantly reduced the number of suicide attempts. Worst of all, the taboo surrounding suicide is almost always upheld. As long as suicide prevention is an issue for people and groups which oppose suicide, nothing will change in this regard.

DIGNITAS’ experience deriving from 14 years of taking care of people who wish to end to their life for all sorts of reasons, is that society should focus on prevention of suicide attempts. Hence, DIGNITAS created the term “suicide-attempt-prevention”. It cannot yet be found in dictionaries, but that should and will change.

The starting point of successfully reducing the number of suicide attempts is a liberal approach, respect for the individual and accepting a paradox: it is essential to approve of suicide in order to help prevent lonely, risky suicide attempts. Suicidal people sit at the bottom of a hole in the ground and all they are able to see is the sky above – and that’s where they want to go! By taking their idea seriously and helping them to scramble out of the hole, they gain perspective. Suddenly, there is horizon, not just sky. This means that one has to open the door to a conversation without moralising, without taboo and without patronising. When they talk to DIGNITAS, people can be open and honest about their wish to end their own life, without fear of being sectioned and put into psychiatric care.

This leads to a situation where one can discuss the reason(s) why the individual does not want to carry on living like before. We are convinced that an individual never actually wants to die, as indicated in the introduction. He or she only wishes for death because he or she does not want to carry on living like before. It is our task, together with these individuals, to search for a sensible, attainable solution to their problem.

DIGNITAS follows the guiding principle: As many suicides as justified, as few lonely suicide attempts as possible. This is a progressive-liberal approach. And the fact that we not only talk about “it” but actually do make possible the option of an accompanied suicide, is an important element of authenticity whose value cannot be underestimated.
One third of our daily counselling work by telephone is with non-members. Additionally, we have a free-of-charge internet-forum with some 2500 registered members, set up like a self-help-group, cared for by a professional mediator. And last but not least, we assess formal requests for assisted suicide from those people who send us the relevant papers including a medical file and try to get a Swiss physician to grant a “provisional green light” for an accompaniment at DIGNITAS. This is the ultimate “emergency exit door” which prevents people having to attempt a risky and lonely suicide.

It is thus astonishing that the media still only describes us as “assisted-dying-organisation”. First and foremost, we are a suicide-attempt-prevention-organisation and therefore a help-to-live-organisation.

2) Legal work

Legal work is an important aspect of our tasks because through legal further development, that is presenting new aspects directly for the courts to decide on, one can challenge the existing legal status quo.

Eight years ago, a gentleman called me and explained that he was suffering from bipolar – manic-depressive – disorder, that he had attempted suicide twice and obviously failed, and that he wanted the help of DIGNITAS to end his life. Knowing how difficult it was to obtain a ‘green light’ in the case of a patient who was perfectly lucid yet suffering predominantly from a psychiatric ailment, we asked him whether he would be able to pull through at least for some time and challenge the Swiss legal status quo by requesting the means to suicide – 15 grams of the barbiturate Sodium Pentobarbital – directly from the Swiss health authorities.

This was the starting point of legal proceedings at several levels of jurisdiction which led, on January 20th 2011, to the European Court of Human Rights’ decision in the case of Haas vs. Switzerland:

"In the light of this jurisdiction, the Court finds that the right of an individual to decide how and when to end his life, provided that said individual was in a position to make up his own mind in that respect and to take the appropriate action, was one aspect of the right to respect for private life under Article 8 of the Convention".

Many opponents of the “freedom of choice in last issues” will claim that there is no right to die. They are wrong; certainly within the jurisdiction of the European Convention on Human Rights – which covers all of
Europe except for its last two non-democratic states: The Vatican and Belarus.

Over its 14 years of existence, DIGNITAS has led or been involved in dozens of legal cases, of which one led to the Court statement mentioned. There are two more cases pending in Strasbourg, dwelling on the same issue: Koch vs. Germany and Alda Gross vs. Switzerland. More will follow.

As to the UK, a number of people have engaged in legal actions too: Diane Pretty was the first to take her case to the European Court of Human Rights. Debbie Purdy challenged the Law Lords and forced the Crown Prosecution Service to publish its Policy for Prosecutors in respect of Cases of Encouraging or Assisting Suicide. And Tony Nicklinson, had he not have passed away, would have certainly taken his case to the next level of jurisdiction in order to get his right to die self-determinedly.

Another line of our legal work is the engaging in legislative proceedings. As to the UK, we had a visit from the House of Lords Select Committee on Assisted Dying for the Terminally Ill Bill, led by Lord Joffe, in 2005. There was also the investigation of the Commission on Assisted Dying which aimed at providing a recommendation what changes in the law, if any, should be introduced; they also visited DIGNITAS. The title of the final report by the Commission published in January this year speaks for itself: “The current legal status of assisted dying is inadequate and incoherent…” In Scotland, Member of Parliament Margo MacDonald drafted the Assisted Suicide (Scotland) Bill. To all these projects DIGNITAS submitted in-depth responses addressing facts, figures and legal aspects.

3) Accompanied self-deliverance

In the case of medically diagnosed severe or terminal illnesses, unbearable pain or unendurable disabilities, DIGNITAS can arrange the option of an accompanied suicide upon the request of the individual member. There are many prerequisites linked to the arrangement of such an assisted suicide:

• The person has to be a member of the DIGNITAS-association
• The DIGNITAS Patient’s Instructions (advance directive / living will) provided upon registration as a member is a must-have
• The person must be mentally competent – not only at the time of the request but also in the last minute during the final act
• The person has to be able to carry out the final action which brings about death by his or her self.

• The person must send a written request to DIGNITAS comprising 1) a letter of motivation explicitly asking DIGNITAS to take action, 2) a CV/biographical sketch providing personal background information and 3) most important, comprehensive historical and up-to-date medical reports showing diagnosis, treatments tried, medication, development of the illness, etc.

• Based on this formal request DIGNITAS can assess the request and look for a Swiss physician (independent of DIGNITAS) who also assesses the request and hopefully grants a “provisional green light” – without this doctors’ consent there will not be an accompanied suicide.

• After the person receives the “provisional green light” there are details to be discussed with DIGNITAS such as about possible dates, how to travel, where to stay, etc.

• The person will have at least two face-to-face consultations with the Swiss physician who initially provided the “provisional green light”

• The person has to be able to stay several nights in Switzerland, staying at a hotel of one’s choice

• The person has to provide several official documents such as a birth certificate, etc – Swiss laws states that these have to be newly issued papers

• It is important to remember that, even at this stage and right up to the very last day, access to the assisted suicide could be denied, not only by the physician in one of the consultations but also by one of the DIGNITAS-representatives – if, for example, the person’s mental capacity deteriorated while staying in Switzerland to the point at which the legal prerequisite for their full consent could no longer be met.

• Gathering information, reflecting, assessing the request, obtaining all relevant documents, arranging the journey, talking it all over with loved ones: it all takes time. Therefore, one has to allow for about 3 to 4 months for the whole procedure. As mentioned earlier: “one should not set out on this journey without careful preparation, nor without having said appropriate goodbye to loved ones”.

In the course of the preparation proceedings, DIGNITAS will establish whether the individual meets the pre-conditions which must be met for assistance with suicide, and whether the wish to die reflects the settled
and declared will of the individual. As pointed out, it is also very important to determine whether the person’s capacity of discernment is impaired in any way, and whether anyone close to him or her, or third parties, are pushing the member towards suicide for any reason.

Only if all the requirements are fulfilled can a Swiss physician write the prescription which allows DIGNITAS to procure the necessary medication for the accompanied suicide. It’s a lethal overdose of a fast-acting barbiturate which is dissolved in ordinary drinking water. After taking it, the patient falls asleep within a few minutes and drifts into a deep coma which passes peacefully and painlessly into death. Naturally, each permitted use of a fatally effective medication requires a Swiss doctor’s prescription, for only by this means can the drug legally be obtained.

Our experience shows that only very few people who enrol as a member take advantage of the option of assistance with suicide after all.

Recently, one of the medical doctors cooperating with us gave us a list of members for whom he had granted or refused a “provisional green light”, yet of whom he had heard nothing more. He wanted to know what had happened to them. The list contained 127 members of whom 111 had been given a “provisional green light”. Only one member had made use of an accompanied suicide with us since then. 16 of the members had passed away at home or in hospital. The remaining 94 members were still waiting and considered the “provisional green light” as an emergency exit, an option for when the deterioration of their health should become unbearable.

Allowing what we understand by assisted dying, that is self-deliverance by a safe means within a carefully-arranged and safe framework, can play a major role in preventing lonely, risky suicide attempts and thus prevent enormous suffering. Allowing accompanied self-deliverance is suicide attempt prevention. Or in the words of conductor Sir Edward Downes who – during his consultation with the Swiss physician granting him the “green light” in 2009 – said: “This is a form of evolution, of humanity”.

Eligibility for DIGNITAS’ services and the situation for Britons

In September 1999, DIGNITAS had the first accompanied suicide for a person who was not a Swiss resident; a lady from Germany. On October 25th 2002, the first UK resident made use of the option of a self-determined end in life at DIGNITAS, accompanied by his son and daughter; he was from Wales, had been born in 1925 and was suffering from an
invasive adenocarcinoma of the oesophagus with metastases which led to dysphagia.

Obviously, this man suffered from a terminal illness. In fact his medical reports even said that this was a fatal situation and surgery was not possible. Given his diagnosis and the fact that he fulfilled all other prerequisites, he was quite clearly eligible for DIGNITAS’ help.

Yet, who else is eligible for an accompanied suicide with DIGNITAS? This is a question which we hear and read every day.

It should be made clear up front that, fundamentally, every adult who is able to make up his or her mind has the right to a self-determined end in life; this is what can be taken from the earlier mentioned ruling of the European Court of Human Rights. Furthermore, a classification into different types of suffering which would be “acceptable”, automatically leads to an unacceptable discrimination against those who do not fit within the set criteria. However, things are even more complicated than that. Whilst we do have the right to decide about the time and manner of our own end, there is not yet a positive obligation on the states to provide the means and the framework for this to happen safely and in a dignified manner. Besides, there are still gatekeepers: medical doctors.

At DIGNITAS we receive requests for an accompanied suicide for all sorts of reasons; the whole bandwidth from the perfectly healthy to those in the last bout of a terminal illness. Given that only a Swiss physician can prescribe the lethal barbiturate necessary for an accompanied suicide, and that this physician can only do so within a certain legal framework and within the rules of professional conduct, access to an accompanied self-deliverance is restricted.

There are three groups of suffering, of medical situations, which can generally be identified as eligible for an accompaniment at DIGNITAS, based on the present legal and factual situation in Switzerland:

A) There are those who are suffering from a terminal condition like the Gentleman from Wales mentioned earlier.

B) There are people who are suffering due to a severe disability, such as for example young rugby-player Daniel James who was almost entirely paralysed after an accident.

C) And there are elderly people whose life has become too arduous as the result of a multitude of ailments related to old age: a typical example of this was the conductor Sir Edward Downes: at the age of 84 he suffered from heart and blood pressure problems, arthritis in the back
and the knees, prostate problems, and was almost entirely deaf and blind.

From 2002 until October 2012, 217 Britons – 130 women and 87 men – chose to end their days at DIGNITAS.

Nowadays, people are living longer – much longer. Of the many reasons for this development, one is the progress in medical science which leads to a significant prolonging of life expectancy. In fact, even during the congress of the Swiss General Practitioners in 2011 this was an issue when it was emphasised that a sudden death, for example due to a ‘simple’ heart attack or a stroke is nearly unthinkable today, due to possibilities of modern intensive care. Obviously, this progress is a blessing for the majority of people. However, it can also lead to a situation in which death as a natural result of an illness can be postponed to a point much further in the future than some patients would want to bear an ailment. More and more people wish to add life to their years – not years to their life.

In the light of this development, limiting access to accompanied self-deliverance to certain people, such as those in the group A that I mentioned before, cannot be justified. The current projects for legislation on assisted dying in the UK, focusing on the terminally ill, are a step in the right direction. At the same time they discriminate against people like Tony Nicklinson and Debbie Purdy, and also against those few of the approximately 1.3 million over-85-year-old in the UK who, due to their ailments, might rationally wish to end their long life in a self-determined, peaceful manner.

In fact, this discrimination leads to continuous suffering due to people attempting suicide by jumping off a bridge or in front of a train. And it still forces UK citizens who wish for a safe and dignified end to their life to look for freedom abroad. Is this what law-makers understand by the terms humanist, liberal and dignified? Torture would be a more precise description.

**Old and new challenges**

Most of the difficulties that DIGNITAS deals with have their origin in the fact that we have always been convinced that the right to die is in fact the very last human right and thus there could not be any discrimination just because of the place of the residence of a person. “Why do you import such foreigners?” was the main question which the General Prosecutor of
the Canton of Zurich, Andreas Brunner, asked DIGNITAS’ secretary general and founder, Mr. Minelli, in a meeting back in the year 2000. The opponents of freedom of choice in last matters are numerous and the obstacles to reach a self-determined, dignified, accompanied and peaceful end in life are many. There is a lot of work ahead for all of us:

1) Legal and political

Switzerland does not have a law saying how accompanied self-deliverance should be carried out but there are a few articles in different Acts which are relevant. The central one is article 115 in the Swiss Criminal Code which says:

“All persons who for selfish motives incites or assists another to commit or attempt to commit suicide shall, if that other person thereafter commits or attempts to commit suicide, be liable to a custodial sentence not exceeding five years or to a monetary penalty.”

Therefore, by arguing *e contrario*, in Switzerland, helping to commit suicide is not a crime as long as the helper is not acting on selfish motives. The Swiss/German translation for “selfish” reads “selbst-süchtig”; the part “süchtig” means “addicted” or “manic” which shows that “selfish” is not just “to the advantage” but that there needs to be an element in the behaviour of a helper which has to be clearly considered as being against good manners. This has been the liberal base for accompanied suicide in Switzerland for some 30 years now.

However, the liberal legal situation in Switzerland also leaves room for interpretation. For example, some attorneys of the public prosecution try to interfere with accompaniments, which leads to new conflicts over not yet determined legal details.

Presumably, the aforementioned General Prosecutor of the Canton of Zürich Andreas Brunner is disappointed that he failed to lobby against DIGNITAS on a political level, which is why the prosecution service is trying to frustrate DIGNITAS through another approach.

On May 15th 2011, the voters of the Canton of Zürich strongly rejected two initiatives by religious political parties aimed at prohibiting access to assisted dying. The next political statement followed on June 29th of the same year, when the Swiss Federal Government decided to refrain from legislating on assisted suicide, meaning that the existing law was sufficient. The Ständerat – our small parliamentary chamber – followed this opinion unanimously on December 21st 2011 and the Nationalrat – the large parliamentary chamber – confirmed this on September 26th
2012 by 163 against 11 votes. Most recently, the Government of the Canton of Zürich decided the very same. In short: clarity at the political front faces challenges on a judicial level.

The right to die is a human right. Mr. Minelli has claimed this for many years, including in scientific publications such as in the Swiss Journal of Jurisprudence back in 1999 and in the journal Current Judicial Practice in 2004. The European Court of Human Rights agreed with him in 2011. However, human rights have always been minority rights. They have to be fought for and defended again and again.

2) Mentally competent individuals suffering from psychiatric ailments

Here is a quote from an e-mail that a young woman sent DIGNITAS:

“If a person with severe depression wants to die and has tried literally everything (medication, therapy, holistic approaches, etc.) they should be able to have control of their own life. If I am just going to continue to try to kill myself why shouldn’t i be able to have help? If there is no help for the victim and all opportunities have been explored then why should i have to continue to suffer in agony? Do i want to live in a hospital for the rest of my life? no... Do i want to be sedated and on like 5 different medications for the rest of my life? no. Tell me, how is that living. Nobody wants to live like that in constant pain and agony.”

Contrary to a widely-held opinion, people suffering from mental health problems normally have sufficient capacity of discernment to decide whether they would like to continue living or end their life. Therefore, and as a general rule, they are entitled to ask for an accompanied suicide and should receive assistance just as much as people suffering from physical health problems, in order to avoid the high risk of a clandestine suicide attempt.

On November 3rd 2006, the Swiss Federal Court ruled that the decision, how and when to end one’s own life, is part of the right to self-determination and therefore is protected by article 8 paragraph 1 of the European Convention in Human Rights which protects private life. This was the preceding court ruling to the decision of the European Court of Human Rights dated January 20th 2011 mentioned earlier.

But there is a difficulty: The Swiss Federal Court also said that it always takes a prescription written by a Swiss physician to obtain the Sodium Pentobarbital, and furthermore, if an assisted suicide is intended by a person who is mentally disturbed, it always takes a special in-depth medical appraisal by a psychiatrist indicating that the person’s wish to end
life is not a symptom of an acute depression, and that the person has full capacity of discernment. In practice this signifies that DIGNITAS is only able to arrange for an accompanied suicide for someone suffering from a psychiatric ailment if the patient presents a formal request with a medical file including such appraisal and a Swiss psychiatrist assesses the request and grants a “green light”. Unfortunately, liberal psychiatrists accepting the concept of suicide are as easy to find as needles in a haystack; the Swiss organisation of psychiatrists has proclaimed that they will not carry out psychiatric appraisals in support of assisted suicide.

3) Mentally competent old-agers
The Swiss law on narcotics states in article 11 that a physician may prescribe narcotics only in accordance with the rules of the medical profession. As there are no such rules for people without an illness, it is generally impossible to obtain the means to a safe self-deliverance if a person is not ill.

However, if after very careful reflection a mentally competent individual of a great age feels that he or she has lived enough, in the sense of “it’s been a long and good life but now I would like to rest, thank you”, on what grounds could we reject this person’s rational wish for a safe and dignified end?

The question is pending at the European Court of Human Rights. It is part of the earlier mentioned case of Alda Gross, a perfectly lucid woman born in 1931 with some ailments due to her age, but neither severely nor terminally ill. She has wished to end her life for quite some years and even attempted suicide. All her efforts to legally access effective means for suicide have been rejected – which is why she claimed in court a violation of her right to private life and the protection from being subjected to inhumane and degrading treatment.

4) Incompetent and biased media
“The world’s foremost euthanasia clinic”… “cocktail of barbiturates” …“800 Britons on waiting list for Swiss suicide clinic” … “in Switzerland, active euthanasia…”. These words are not only found in UK tabloids but also in renowned Swiss newspapers.

Truncating, falsifying, scandalising, a “me-too”-attitude and the incapacity to research and read: a large part of the media uses any opportunity to create hype in order to sell their TV, online and print products. They are almost only about money – not about accurately informing and educating the public anymore. Whilst we could dismiss false information as typical
tabloid rubbish or the bad day of a journalist incapable of reading the facts published on DIGNITAS’ website, the misleading words in fact cause a lot of suffering for which the media ignorantly denies responsibility.

More than once we have had people from abroad, some of them in a quite deplorable state of health, showing up at our doorstep because they believe this nonsense of a “clinic” where you can “check in and be put down”. How distressing for them and for us too when we have to tell them that they have been misled by the media and that they have to go back home because we are not be able to help them right away.

5) The ethicists, the religious and the pseudo-pro-lifers

On September 28th 2012, a one-day congress entitled “Dying, whoever wants? Assisted dying and organised assistance in suicide as an ethic question and challenge for society” was organised in Zürich by a group called ‘Forum Health and Medicine’. An investigation into the ‘who is who’ of the speakers revealed interesting yet also worrying details: One of the announced speakers was the previously mentioned General Prosecutor Andreas Brunner, a long-standing opponent of the work of DIGNITAS. One was Prof. Dr. Andreas Kruse: known as opponent of assisted dying and arguing with the unfounded slippery-slope-argument, disciple of the current pope’s brother Georg Ratzinger. One speaker was Prof. Dr. Brigitte Tag: a German professor for law lecturing at the Zürich University, who has tried to edge into the Swiss government a German proposal for a law which had already been rejected in Germany due to its conflict with basic rights. Then there was Dr. Markus Zimmermann-Acklin, a German theologian lecturing at the University of Fribourg, Switzerland: a long-standing opponent of assisted dying and now – together with the afore-mentioned Brigitte Tag – one of the leaders of the NFP 67, a Swiss national research project investigating end-of-life-issues and disposing of 15 millions of Swiss Francs. Organiser of the conference was Markus Mettner – a German theologian...

This is just one of several examples of how religious-conservative “experts” and “scientists” try to influence politicians and the public, aiming at undermining the liberal legal status quo. More and more “ethicists” and most of all “bio-ethicists” appear in public. Most of these self-declared “experts”, “bio-ethicists” and “pro-lifers” have one thing in common: they appear as experts and usually hide their religious-conservative views. They bedazzle the public and they try to be buddy-buddy with politicians. Indirectly or directly, they work hand in hand with the hospice-movement...
and the pharmaceutical industry. In the first nine months of this year, the Swiss pharmaceutical company Roche has made 33,69 billion Swiss Francs sales volume; a 7% increase compared to the first nine months of the previous year. In Germany, the two main churches run about one third of the hospitals. The ‘Deutsche Hospiz Stiftung’, the ‘German Hospice Foundation’, fiercely opposes assisted dying; founder of this foundation is the Roman Catholic lay religious Order of Malta and involved are the chemical factory Grünenthal GmbH, which was responsible for the Thalidomid (Contergan)-scandal, and the clinic-trust Rhön-Klinikum AG. For these groups, free choice in “last matters” is a nuisance because they make a lot of money out of also providing goods and services for the last phase of a patient’s life. How many top-notch physicians hold shares of clinics and pharmaceutical companies and receive further benefits?

Power, money, religion and politics: the ‘classic’ mix. And they all profit from the previously mentioned incompetence of journalists who do not critically research the background and motivation of such exponents. Beware of wolves in sheep’s clothing – because that’s what they are.

**Conclusion**

We – groups like DIGNITAS, FATE, SOARS and many more – are actually the real pro-life people because our work is about options and choices, about chances and perspective, about respect for humans. By taking seriously an individual’s request for self-deliverance, everyone carries out suicide-attempt-prevention work, some quite probably without even realising it. The public knows too little about this. Thus, we need to raise awareness of our real work and to unmask the false and misleading arguments of our opponents. This task is most honourable, because it reflects the desire and defends the right “to live with dignity”.

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