



The UNITED KINGDOM PARLIAMENT

Visit of a Delegation of the Select Committee on Assisted Dying for the Terminally Ill Bill to DIGNITAS, Switzerland

Select Committee on Assisted Dying for the Terminally Ill Bill [Minutes of Evidence](#)

Examination of Witnesses (Questions 2325a - 2397)

THURSDAY 3 FEBRUARY 2005

PROFESSOR WOLFGANG HOPFF, DR HANS-R NAEGELI, MR LUDWIG MINELLI, MRS SORAYA WERNLI, MR SILVAN LULEY and DR PETER REINHARDT

Q2325a Chairman: Thank you for agreeing to give evidence to us in our inquiry. What you say will be taken down by the shorthand writer. You will have a chance to review the transcript before it is published. It will then become part of our report and become public when our report is submitted. Do you want to make any short statement to begin with to show how your organisation works and what the position is of the various people who are here?

Q2325b Mr Minelli: We have sent you a memorandum and all that is necessary to say is in this memorandum and so I can shorten this part. Professor Hopff is President of our counselling board. If we have special questions we ask him or the lawyer, Felix Egli, who has today an assembly so he cannot assist here. Professor Hopff is a physician and pharmacist. Dr Naegeli has been one of our collaborating physicians. He also has worked for EXIT in the German part of Switzerland for many years and he has great experience. Dr Reinhardt is one of our newest collaborating physicians. He has seen recently English people who have come to us in order to die and he can give you information about these cases. Mrs Wernli will speak in German or French and Mr Luley will do the translation if necessary. She is the head of the part where the accompaniments are organised. She is in touch by phone with the members who want to come to Switzerland and who have got a green light from one of our physicians. Mr Luley is the head of our office. He has a lot of phone calls from all over the world. We have about 4,500 members in 52 countries around the globe. He speaks German, French, English and Spanish. I am the founder and Secretary General of this organisation. I have been the legal adviser of two directors of EXIT in the German part of Switzerland, Dr Zeik and later Mr Hollenstein. They have had in their organisation power struggles and after the second power struggle I decided to found DIGNITAS which is an organisation where power struggle is not possible.

Chairman: Thank you very much. We will go straight to questions in that situation.

Q2326 Lord Joffe: Could you perhaps outline the procedure once somebody wants to become a member and then exactly how the process works if they ask for assistance to die? If you could take us through that it would be very helpful.

Mr Minelli: We have phone calls, we have e-mails, we have faxes, where people are asking us whether we can help them. Then we ask their postal address and we send them our documentation in German, French, English or Italian. After that they will send us a membership declaration and when we have got that we send them a letter telling them that they are now a member. We tell them to pay the fees. We tell them how they can ask in order to prepare an assisted suicide, and then we are waiting. If somebody is eager to have our help very soon then they phone us and we tell them, "Please send us a personal request for preparing an assisted suicide together with medical documents". Sometimes, especially from the United Kingdom, people have difficulty getting copies of their medical records. I do not know why. I do not know whether this is legal or whether the UK physician says, "I will not give you copies of your records", but there is sometimes a difficulty. When we have the personal request and the medical documents we send them to one of the physicians who collaborates with us and ask him whether he would be prepared to write a prescription for pentobarbital of sodium for this person, always under the condition that he will see the person first, speak to the person and decide definitely after this interview. If he tells us yes we tell the member that the member has now the provisional green light and from this point on we may discuss the date to come to Switzerland. We prefer it if people come twice to Switzerland, firstly in order to see the physician, to have the definite green light and to go back, and then to come perhaps later, but if somebody is terminally ill we cannot ask that they come twice and so they come once. They see the physician, the physician writes a prescription and almost immediately after the assisted suicide will happen. If a physician has seen from the medical file that there are perhaps some possibilities to help our client's life he tells us and we are always in correspondence or phone contact with the member and we tell the member that there will be possibilities. Sometimes, if people with multiple sclerosis ask for help from the United Kingdom then our physicians tell us, "Why has this person until now not had the newest medicine, interferon?", and then if we discuss it with the member, the members tell us, "I cannot get interferon. It is too expensive for the National Health Service". In Switzerland there is no restriction. If somebody has multiple sclerosis they will get interferon in order to see whether the situation can be improved. Sometimes also people come to see our physician and our physician tells them during the interview, "You should still try another alternative", and we have seen several times that a physician has told them, "You should try morphine", if they have not tried that, and sometimes they return and try morphine and 14 days later they are back and they are telling us the side effects and pains are worse. If then we discuss a date in order for them to come to Switzerland for assisted suicide we discuss how they will come: by aeroplane, by railway, by car, even by ambulance or mobile home, and then we make arrangements to meet the person at the railway station or the airport and then we go with the person, after we have got the prescription, to our apartment and in the apartment there is waiting one of our collaborators who makes the accompaniment. At least three times we tell people when they come to us, "Listen: the fact that you have come to Zurich does not mean that you have said A and now you are obliged to say B. You are completely free to leave this apartment and to go back if you would like. That is no problem for us", and several times we have seen that people say, "Yes, I will go back and perhaps I will come later but I know now how it works. I have seen your apartment. I will go back". About one year ago we had a 27-year old Irishman, Martin Barry, and I can name him because he went to the radio station in Ireland and told his story. He had multiple sclerosis and I looked for him at his hotel in Zurich and made the transfer from the hotel to our apartment. He was in a wheelchair and a physician came to the apartment. He discussed it with Mr Barry and Mr Barry was quite firm that he would have the assisted suicide. The physician left and I told Mr Barry the second or third time, "I tell you again: you are completely free to leave this room, to go back and to come later if you wish". "No, no. I will die now", he told us, and then I said, "Okay. I will take with me your wheelchair but if you decide to go back a phone call in half an hour and I will be back in this room".

I went to my house and I had not been here for half an hour and there came the phone call: Mr Barry wanted to go back to Ireland. This was a Friday. I went immediately back to town. I put my hand on his shoulder and said, "I congratulate you for your decision. You do not have to look now for a hotel room. You will be my guest until Monday when you have your return flight", and I had Mr Barry here in this house, in my guest room. On Saturday I discussed it with him. On Sunday my partner, Miss Schultler, and I went with him to the cemetery of Zurich Fluntern where James Joyce is buried and we visited the grave of James Joyce. After that we went to the zoological garden and passed three hours there. My partner told him, "Listen: you are a journalist. You could write a book", and I think he has now written the book and is looking for an editor. Recently he mailed to me, "I never expected that my 30th year would be possible for me. Now it is one year since this experience". Overall, about 80 per cent of the members who have got the provisional green light never call again. This green light is something so relaxing for them, they have been in such a heavy dilemma first about whether they will have to linger on through this illness until a so-called natural end or whether they should try to kill themselves by one of the common methods (which nearly always will fail), that when they have the green light this dilemma is destroyed and they can live better. We have put in for you a copy of a letter from the husband of a lady who has died with DIGNITAS and you may see what this husband has told us.

Q2327 Baroness Jay of Paddington: You also included, Mr Minelli, which I thought was interesting, a letter to somebody who was suffering from Parkinson's Disease. This is the English letter. You say that he obviously has not tried some of the conventional therapies for Parkinson's, like Madopar. It seems from the point in the letter that he is somebody who does not like to take drugs. Is that correct?

Mr Minelli: Yes. Mr Luley has written this letter and he can answer directly.

Q2328 Baroness Jay of Paddington: What would happen to this man if, following your advice, which is for him to get treatment for his Parkinson's Disease and to use the Madopar, or whatever it may be, he came back to you and said, "I still insist that I do not want to take drugs and I want to go through with the procedures at DIGNITAS"?

Mr Minelli: Then we would accept him. On the basis of my article, of which I have given you an English translation by Professor Eckstein at Cambridge, we think the right to suicide is guaranteed by Article 8 of the European Convention on Human Rights without any precondition, so even if a person comes and tells us, "I have no illness at all but I would like to end my life", I would think that the person has a right to make this decision and even has a claim against the state in order to get help because trying one of the common methods is so cruel because of the risk of failure that this treatment would not be practical and effective but rather illusionary and the European Convention has no illusionary rights and treatments which are practical and effective.

Q2329 Baroness Jay of Paddington: That is the overriding thing? Mr Luley, you say in the letter, "Your decision about not taking drugs does appear a very irrational decision which cannot be supported and therefore does not allow a doctor to give his agreement to an assisted suicide for which, after all, he will have to carry the responsibility". In a sense you are saying to this man that there is a wider ethic, beyond the legal permission to commit suicide or have assisted suicide, which is important. Is that what the letter is saying? I am just trying to get to the bottom of the advice you give.

Mr Luley: You might have seen that our motto in DIGNITAS is "Live with dignity, die with dignity". "Live with dignity" comes before "die with dignity". In a case where there is no evidence that the patient has tried to improve his situation, it sounds irrational to a doctor who will look at his request and thus he would say, "This person could improve his present state of health, his present quality of life, with a little effort". If the patient does not give any indication of that effort there must be, from a rational point of view, some doubt. Any doctor, looking at the request of such a person, would probably ask, "Why did he not do anything to improve his situation?". In this particular case I wrote this letter to give the patient something to think about, to clearly express that an organisation like ours, even though we say everybody has a guaranteed right, as Mr Minelli has just explained, we cannot by morals and ethics just blindly follow a request when there is not a clear reason. I think, at least, a person has to make a little bit of effort. They have to show that they have tried at least one treatment to improve the situation. That is why I wrote this gentleman the letter, as we have done in other cases too, to explain to them, "Try to improve the situation. We would like to help you. On the other hand, if at the end of the day the normal treatments do not improve the situation and you really want to go, there will be a door open for you".

Q2330 Chairman: Can you give us some numbers, Mr Minelli, over the last few years? Can you tell us (a) the number of people who have approached you and (b) the total number of actual suicides that you have assisted as an organisation in these years?

Mr Minelli: Since we have started we have had up to yesterday 362 people who have died with DIGNITAS. We have had about the same number of members who have died naturally within this time. I have no detailed statistics besides those that are published in our annual report but I have them in my head. The biggest group of members comes to us come from Germany and the second biggest group from the United Kingdom.

Q2331 Chairman: When somebody applies for membership that is the only thing they are applying for in the first instance, is it?

Mr Minelli: Yes, they apply for membership first.

Q2332 Chairman: Is there a fee for membership?

Mr Minelli: There is a registration fee, which is 100 Swiss francs, and an annual minimal fee of 50 Swiss francs. If somebody joins between October 1 and December 31 there is no annual fee for that year, only the registration fee of 100 Swiss francs.

Q2333 Chairman: That makes them members of the association?

Mr Minelli: Yes.

Q2334 Chairman: You mentioned the total membership. That is for all countries, is that right?

Mr Minelli: 4,500.

Q2335 Chairman: That is the total for the whole world?

Mr Minelli: Yes.

Q2336 Chairman: How many of these are in Switzerland roughly?

Mr Minelli: About 600 or 700.

Q2337 Chairman: That is the first stage; you become a member. If somebody is not a member they would have to become a member in order to get any help from you?

Mr Minelli: Of course.

Q2338 Chairman: The next stage you have described is if somebody wants help. What sort of financial arrangements are there at that point?

Mr Minelli: We have been forced to adjust our membership fees for special services at the beginning of this year because last year we did not have enough income to pay all our costs and so we decided at our last general assembly in December 2004 to introduce a fee for preparing an assisted suicide of 1,000 Swiss francs, and if we have to manage afterwards all the works with the authorities in relation to burial, another 1,000 Swiss francs.

Q2339 Chairman: Is your organisation responsible when an assisted suicide takes place in your apartment for informing the public authority of the canton that that has happened?

Mr Minelli: When a member has died in our apartment our collaborator has to phone the police, an emergency phone call, and he announces a DIGNITAS assisted suicide. After that a police officer, a sort of coroner and a legal physician will arrive and they have to make an instruction to look to see whether there is a crime or not. Up to now they have never found a crime.

Q2340 Chairman: Your collaborator is there?

Mr Minelli: Yes, and also relatives normally.

Q2341 Chairman: Is the collaborator a person with any particular qualifications?

Mr Minelli: The qualification must be that he has a lot of empathy with other people, that he is on the same line as we are, first to help towards life if it is possible, and therefore also our collaborator tells the person, "You have the liberty to leave if you would like", and he must be very reliable. He must do his work exactly like we have instructed him. These are the main qualifications we need.

Q2342 Chairman: Is he paid for that?

Mr Minelli: He is paid 500 Swiss francs for every accompaniment.

Q2343 Chairman: You do not normally have a doctor present at that stage?

Mr Minelli: The doctor is not present. The doctor is perhaps there or in his office but in the apartment the only assistant is the accompanier. The doctor is not present.

Q2344 Chairman: The doctor makes a prescription for the barbiturates?

Mr Minelli: He makes a prescription for 15 grams of pentobarbital of sodium.

Q2345 Chairman: Has the doctor seen the patient before?

Mr Minelli: Of course.

Q2346 Chairman: He comes to the apartment to see the patient?

Mr Minelli: To the apartment or the patient goes to the doctor.

Q2347 Chairman: And it is at that stage that the prescription is given?

Mr Minelli: Yes.

Q2348 Chairman: What happens next? Does the collaborator come and collect the prescription? How does it work?

Mr Minelli: Sometimes we have prescriptions with the addendum "Primopraxi" and with this we can get the pentobarbital, so we have a reserved portion. We take this reserved portion and afterwards with the prescription we go to the pharmacy and look for a new one.

Q2349 Chairman: I see. You have got a kind of reserve that you keep up to date with the prescription if you have to take some out for a particular patient? Is that right?

Mr Minelli: Yes, normally we have a reserve.

Q2350 Chairman: Do you keep that at the apartment?

Mr Minelli: No. The companion or collaborator will have the reserve. We never hand out the pentobarbital. We always prepare it in a glass of water. We give it to the member. If the member leaves it is put away. If the powder is not yet dissolved we take it back. We never hand it out because we have to guarantee to the state that there is no misuse with pentobarbital. On the other hand, we have to guarantee to our member that we may help him.

Q2351 Chairman: And then, as you mentioned, it may be that your organisation will be responsible for the arrangements following the death and if you are there is an additional arrangement for that?

Mr Minelli: Yes.

Q2352 Chairman: That will include the return of the body to the home or to have cremation or whatever?

Mr Minelli: Following the instruction we get from the patient.

Q2353 Chairman: All that is in documentation before the assistance takes place?

Mr Minelli: Yes.

Q2354 Chairman: Can you tell us a little bit more about the nature of your organisation? What is the structure of the organisation?

Mr Minelli: The structure is very simple. We have different categories of members. We have two active members and therefore no power struggle is possible. We have always to agree. One of the active members is the husband of Mrs Wernli, an old friend of mine, and the other is myself. We two are the General Assembly. We take the basic decisions and as the General Secretary I have to execute these decisions. Our members from all over the world have no member rights, no voting rights, because we have seen that the voting rights of other members may come to a power struggle in a general assembly of 700 or 800 people and we wanted to avoid such a situation. Then we have the board of Professor Hopff and the lawyer Dr Egli. They counsel the General Secretary. If I have a specific question where I cannot find the solution myself I will ask the members of the counselling board.

Q2355 Chairman: Can you give us an example of where you have sought their advice?

Mr Minelli: At the beginning of our activity we discussed the question whether or not it would be possible to help mentally ill people.

Q2356 Chairman: What was the conclusion?

Mr Minelli: The conclusion was that if somebody with mental illness has capacity of decision he has the right to an assisted suicide, but of course we would never hasten the death of a mentally ill person. We will try to be sure that there is no other solution possible, so normally if somebody with a mental illness is helped he has been ill for 10 or 15 years before and has tried a lot of different therapies and had no positive effect.

Q2357 Chairman: So if a member from your ordinary membership comes along and he sees the doctor with a view to having a prescription but the doctor considers that his mental state is at least doubtful, what happens then?

Mr Minelli: Then we will ask a second doctor, perhaps a specialist, a psychiatric physician, because we would in any case avoid helping a person who has no capacity of decision or where capacity of decision is doubtful.

Q2358 Chairman: Are the doctors that give the prescription or to whom such a reference is made, part of your organisation? What is the connection between your organisation as you have described it so far and the doctors who do the prescribing or who may be asked to examine a patient from the point of view of that patient's competence?

Mr Minelli: The doctor is completely independent from us. We are always looking to see if we can find physicians willing to collaborate with us and fortunately we find sometimes a physician who accepts the responsibility of the back side of the medal of modern medicine and tells us, "Yes, I will help because I know that modern medicine, modern hygiene, are causing a lot of pains when people are in old age".

Q2359 Chairman: If a member is applying for help do you refer them to one or other of these doctors?

Mr Minelli: Yes.

Q2360 Chairman: And you arrange the doctor for them? How many doctors have you got altogether collaborating with you at the moment, roughly?

Mr Minelli: Six to eight.

Q2361 Chairman: They are all in Zurich, I suppose, are they?

Mr Minelli: Not all, no. We have some in Zurich, and we have some in the canton of Aargau and in the canton of Lucerne.

Q2362 Chairman: Is it only in Zurich and Aargau that you give assistance?

Mr Minelli: We have an apartment in Zurich. We have a little house in Aargau, and, of course, if we have Swiss members we go to their homes.

Q2363 Chairman: And that could be anywhere in Switzerland?

Mr Minelli: Of course.

Q2364 Chairman: In that case are the doctors who assist you or collaborate with you all over the Federation as well? I had understood they were in Zurich but I may be wrong about that.

Mr Minelli: Sometimes, if the member is able to travel, we ask the member to come to see the doctor but sometimes also I have travelled with the doctor to see a member at his home.

Q2365 Chairman: The doctor presumably is also paid when he gives the prescription.

Mr Minelli: We have doctors collaborating without payment. We have doctors who are paid. This is very individual.

Q2366 Chairman: Are the accounts of your organisation published?

Mr Minelli: We publish not accounts but information about the finances.

Q2367 Chairman: That is a subtle difference.

Mr Minelli: Yes. We publish balances or income and outgoings, but also a lot of information about what we have got as fees from our members and our expenses.

Q2368 Chairman: Would it be possible for us to get a copy of just one of these? We do not need a whole lot of different years.

Mr Minelli: This is the report of the year 2003, the latest report which has been printed.

Chairman: That would be very good if we could have that as part of our record.

Q2369 Baroness Finlay of Llandaff: Could I ask a little bit about the assessment process? You said that if you can get the medical records of people you will go through them and then a doctor will see the patient. Can you explain what that assessment process is and what the qualifications are of the doctor who is seeing the patient?

Mr Minelli: Our members first send us a personal request and their medical documents. Then we send a copy of the request and a copy of the documents to one of our physicians and the

physician studies this documentation and tells us on the basis of this documentation whether or not he will be able to write a prescription, and only when he gives the green light do we discuss with the member when to come. Then the doctor sees the member, has a discussion with the member and also with relatives, and then makes the definite decision. Every doctor collaborating with us is an experienced doctor, sometimes retired but in any case has broad experience and in most cases is also a specialist in one or other field.

Q2370 Baroness Finlay of Llandaff: You said that you assess capacity for people's ability to make a decision and I wondered how you assess capacity.

Mr Minelli: In order to see whether somebody has capacity of decision or not you need not be a doctor. You can ask a simple pattern of questions in order to know whether the person is orientated in time and in locality and whether they can express themselves so that you understand them. We have had recently a publication of the magazine of the Swiss doctors in which there was an article by doctors from the cantonal hospital of Lausanne discussing the capacity of decision of patients and there you may find a pattern of about nine questions which are very simple and which do not need any medical information. Also, the Swiss Academy of Medical Sciences in one of its last regulations says that capacity of decision may be certified by persons who are not doctors.

Q2371 Baroness Finlay of Llandaff: Do you have any psychiatrists amongst the group of doctors that you refer to?

Mr Minelli: Not until now but we are looking for some because until now we have been very reluctant to have mentally ill people because there is one procedure in court in the canton of Aargau where this question has been raised. We had last week a hearing at the court and we are expecting the court's decision within the next three or four months and if the decision is favourable then I think we will have more possibilities to help mentally ill people, but because of this case I am looking for a psychiatrist because always when we have mentally ill people we would like to have at least two doctors and at least one psychiatrist telling us that capacity of decision is not in doubt.

Q2372 Baroness Finlay of Llandaff: I was wondering because there is a high incidence of depression in physical disease which often will respond to treatment but can be difficult to diagnose, and therefore it is not easy to diagnose depression in people who have advanced physical illness.

Mr Minelli: We know that and if somebody is asking us to prepare an assisted suicide but there is no terminally ill situation we are very slow and we wait until the member calls us again. We never call the member, "Would you now make your decision?". We tell them we are looking to see whether we are able to find a physician. Sometimes the physician tells us the medical documents are not sufficient; we need more information, and sometimes when we have the impression that there is a depression which could be related to the illness we even phone the member and tell them, "You could try this, you could try that". We try always to help them towards life. Sometimes we see that by this method the intention to put an end to their lives goes away. I had a 77-year old man. He visited me about three years ago and he told me, "I have no illness at all but I think it is time to go. I would like to end my life. I have been separated from my wife, not in court but in reality, and I think it is time for me to go". Then I told him, "I do not think that I will find a Swiss physician to write a prescription for you in this situation because doctors have difficulty writing a prescription for a person who is not ill, but I suggest that you could write to the cantonal physician, the authority who controls

the physicians, and ask him whether he would grant such a decision so that you can get pen-tobarbital". The cantonal physician answered immediately, "I will not give this permission and if you would like to have a decision in order to be attacked at court you must ask it specially and that will cause costs". Then he asked for this special decision and the cantonal physician did not reply any more. I heard nothing of our member for two years. After two years I got a message from him that he has a new address and that he is again together with his wife and then I wrote a letter to him in order to ask, "Should we ask now the cantonal physician to render his decision?", and he told me, "I do not need it any longer". He had been in a dilemma and with this possibility I opened the way out of the dilemma. I had in mind that it could have been a depression of old age and perhaps it has been.

Q2373 Baroness Finlay of Llandaff: When you talk to people do you ask them whether they have informed all of their family and their close friends and whether they have thought through the implications of their action for other people in the family?

Mr Minelli: We have even printed in our documentation, "You should speak with your family, with your friends, as soon as possible in order to give them the possibility to get acquainted with the idea of assisted suicide". For instance, I have a member, a German professor, living both in California and in Germany. He is now 96 years old. Four years ago he told me, "I will come to Zurich and have my assisted suicide and then you can inform my wife". I told him, "Listen: that is not our way of doing it. It is not fair on your wife and it is not fair on DIGNITAS because if we proceed this way your wife could be very angry and this anger would have just one object—DIGNITAS, so I think you should be fair with your wife and fair with us". After that he informed his wife and also his daughter. Later on he made the journey to Switzerland together with his daughter. He has been here and seen the physician. The physician has written a prescription and then he left for Germany and now he is again in California and two weeks ago he wrote a letter that his cancer of the prostate has become worse and that he intends to come within two or three months. We are always telling our members, "You should speak with your relatives, with your family, with your friends because it is important not only that they know it, not only that they have the opportunity to get acquainted with the idea, but also in order to come with you to Zurich. Do not come alone to Zurich. If relatives are coming with you, if possible bring at least two persons so that after your death a single person does not have to go back alone to their country".

Q2374 Earl of Arran: I am sure you are well aware that in the future it is possible that certain restrictions and regulations might be imposed upon organisations such as yours. To what extent do you worry about this?

Mr Minelli: Not at all. I do not worry about it.

Q2375 Earl of Arran: They give you no anxiety?

Mr Minelli: No, because we had the other problem of the public prosecutor, Dr Brunner. He wanted to make a cantonal law and after that I published my article about the European Convention on Human Rights with assisted suicide. After that we reopened our house in the canton of Aargau. He has no more the intention of making this law. He is now thinking that perhaps a federal law could be made but the Director of Justice in Berne, Mr Koller, has said publicly that if you want to make a law you should first know a lot of things and they do not know anything. Swiss authorities have never visited us and therefore we are very grateful that you make this visit to us. Perhaps this is the problem of the prophet in his own land.

Chairman: That is an appropriate moment to ask the Bishop if he has any questions.

Q2376 Bishop of St Albans: I would like to go back to try to understand the organisation itself because you began by saying there are no power struggles and it seemed from your description that the reason there are no power struggles is that there appears to be absolute power between you and your colleague. Is that the case? Who could, for example, say to you, "Sorry, Mr Minelli, but it is time for you to step down as the leader of this organisation"?

Mr Minelli: If Mr Wernli has the impression that I am doing something the wrong way he will tell me and then we will discuss it.

Q2377 Bishop of St Albans: But nobody has the authority to say to you, "Actually, it is time for you to hand the chair over to somebody else"?

Mr Minelli: No. I have been told very early in my life by a German author who has written about human rights and about justice, "Whenever you are setting up a philanthropic organisation you must exclude power struggles because I have lived in Germany and in an organisation for human rights one member of the board sued the others in court and they have no longer been able to do any real work to help people in the field of human rights". This lesson I learned.

Q2378 Chairman: So you did that. You carried that doctrine into practice in having yourself and your colleague, the two of you? You consider that outlaws any form of power struggle? Would you be able to give us, because I think it would be useful to have it, your documentation suggesting to the member that they should consult their relatives and if possible bring at least two with them if they came to Zurich?

Mr Minelli: This is not printed. This we tell them over the phone.

Q2379 Chairman: But the print says to consult their relatives?

Mr Minelli: We will give you our documentation, the German and the English and, if you would like it also, the French.

Q2380 Chairman: So far as I am concerned at least it will be sufficient to have it in English. That would be very useful because obviously, as you are asked questions, some other aspects of the written documentation will become apparent and it will be useful to have that.

Mr Luley: Most of the physicians who look at the requests of members of DIGNITAS also ask, "What about the consent of the husband or the wife? What about the children?". They usually ask before they make their decision. For example, Dr Reinhardt, looking at the requests, always says, "What about family? What about friends? How does the family see the situation?". Most of us want to know in advance.

Q2381 Chairman: Supposing that the member said, "I do not wish the family to know anything about it".

Mr Luley: We have to respect that because at the end of the day it is a personal decision. In the German documentation, which is more up to date, it is already printed that the family members should be involved in the whole discussion.

Q2382 Chairman: Perhaps we do need the German copy if the basic text has changed.

Mr Luley: In the English documentation, and I will leave everything with you, there is mention that family members should accompany members to Switzerland once they wish to come for an accompaniment. Also, all the phone calls and ongoing communication that we have with members are in our office. We have e-mails, letters, telephone calls.

Q2383 Chairman: Once the member puts in an application to have help then you have this correspondence with them?

Mr Luley: Absolutely.

Q2384 Chairman: And before they leave home?

Mr Luley: Absolutely. Everything has to be set up and prepared in advance. All these matters are discussed before they come here.

Q2385 Baroness Jay of Paddington: You mentioned, Mr Minelli, that you try to encourage people to come more than once, maybe to come for a preliminary visit. Do you have any idea how many do that?

Mr Minelli: I have no statistics for that.

Q2386 Lord Joffe: Dr Reinhardt, your colleague mentioned that you do some of these examinations of patients. Could you tell us how you go about it and how long an examination would take on average?

Dr Reinhardt: I cannot give you a clear period of time. It depends normally on the records we have from the doctors. Normally we have 10 or 20 documents. The situation is so clear that you speak for 20 or 30 minutes. Sometimes it is an hour. It depends so much on the situation of the illness and the family situation so that I cannot give you an average time.

Q2387 Lord Joffe: The range is from half an hour to an hour or more?

Dr Reinhardt: Yes, about that.

Q2388 Chairman: What is it you are looking for? What is the examination directed to?

Dr Reinhardt: I cannot understand you.

Professor Hopff: It would be a general examination and he will get all the information from the university hospital or where the patient comes from or from the first doctor who had the treatment under control and he will see all the diagnoses. He will just prove whether this diagnosis is correct. He will be the so-called second opinion so that any crime is excluded. That is why we ask for a second opinion from another doctor.

Q2389 Chairman: On whether or not the patient is suffering from some physical condition that makes it appropriate that he should be helped? Is that right?

Professor Hopff: Yes. May I give you a life example? I have felt healthy all my life and last August I passed the pilot's examination of our Swiss aerial office and it is very careful. They

examine you hard. My doctor said, "You are very healthy and if you continue, you are now 75, you will keep your pilot's licence up to 80". At the beginning of last December I still felt very healthy but the first week of December my right salivary gland began to swell and after some days I had a pulmonary embolism and we cured this and then we looked for the secondary one and this was a very fast-growing cancer so we started chemotherapy and just last Saturday I came out of hospital. Now for me it is the same. I gave all the diagnoses to DIG-NITAS from the hospital that it is a very malignant, fast-growing cancer but still we have to go to a second doctor and he can decide whether an accompanied death will be possible. I can tell you from my experience when I was a long time ago Vice President of EXIT that we very often saw, when people had the so-called green light that they would be accompanied if the pain was unbearable, that, as Mr Minelli has said, about 50 per cent of our patients could relax and some days later when we said, "We will be there; we will help you; we will accompany you", the husband called and said, "My wife peacefully died last night". This was in about 50 per cent of cases, and I can tell you how glad I am that I have the guarantee that when the situation is unbearable I can come here and Ludwig Minelli has been to my place and discussed this problem with my wife, with my son and with my daughter. They said, "We will be very sorry but anyway you do not have to suffer. If you decide to die we will agree". That is a life example.

Q2390 Chairman: I understand. Thank you very much indeed.

Professor Hopff: But now I am very grateful that I have found a very collaborative oncologist and he knows my opinions. Therefore, we went a little deeper and he said, "You are the pharmacologist. You tell me just before dying", and so he could get me again at the last moment.

Q2391 Baroness Hayman: Could I just explore a little more what the second opinion is for? It is obviously there to verify the physical disease but you were talking earlier about the importance of competence and of knowing that someone is not, for example, suffering from a severe clinical depression which would stop them being competent. Could I understand a little more who assesses for competence? Having just heard you speak it would not be necessary for you, I completely understand you there, but for some patients obviously it is a matter of concern for the organisation and from what you were describing of the initial interview for the doctor is that screening for competence and mental illness as well as verifying medical records?

Professor Hopff: The second opinion more or less is for us never to get in trouble with the police authorities. When you have a different doctor and he says the same, the authorities will be quiet.

Q2392 Baroness Hayman: But if a patient came from England, for example, where there is not the legal provision for this, it might well be that the medical records showed the extent of the cancer but would not say, "And this patient has spoken to me and expressed the desire to end their life and they are competent to express that desire", because that conversation might not have taken place in England, so it is not verifying the second opinion. You would have to start from the beginning with that issue.

Professor Hopff: Yes, it is very difficult to answer your question because first of all it is an elementary human right of the patient and the doctors give the signal, "It is true what the patient says and we can accompany him".

Mr Minelli: We have no other way to get pentobarbital of sodium than with a prescription from the doctor. I would prefer another system. I would prefer that a doctor makes a certificate telling us that the patient has been instructed about possible alternatives, that he has not accepted alternatives, that he is sound of mind, and that with this certificate I can go to the canton pharmacist in order to get a decision that I can go to the pharmacy to get pentobarbital of sodium. If we had this system the doctor would not have the problem of writing a little prescription which is normally against what doctors have learned.

Q2393 Baroness Finlay of Llandaff: Can I ask Mrs Wernli what the accompanying person does while they are there?

Mrs Wernli: First of all, our collaborator who is present during the accompaniment will check all the documents, the personal request and so on. The next step is a short conversation between the collaborator and the physician who has written the prescription. Quite often it is between Mrs Wernli herself, the physician and the person being accompanied, the three together. They review the request once again. The people requesting accompaniments will have sent all the documents beforehand, so we have their personal request and letter in which they describe everything. We have the physician's report, so in that respect the interview between the physician and the person wanting the accompaniment will have taken place already, so we know what the situation is and who wants the accompaniment. If we all have the same opinion and if the doctor says, "Yes, this person has this possibility; I have written a prescription", and the collaborator and everyone else agrees upon it, then the collaborator talks to the member and the relatives present. Everybody is different. Some people would like to sit down and have a conversation with the person present during the accompaniment. Others are in a lot of pain. They do not want to wait. They want to go ahead. We talk to them, whether they want to have candlelight, classical music. Whatever their wishes are we try to accommodate them and, most importantly, the people who come are always being told at all times that they may leave and go home. They do not have to take the medicine. They can leave whenever they want. Even in the last minute they can say, "I do not think this is the right way for me", and walk away. There is another very important thing too, that if the person from DIGNITAS who is there during the accompaniment feels there is something wrong (it is the thing about empathy that Mr Minelli mentioned), "I do not think this person really wants to go or maybe he is pressured by his relatives", or whatever, they may say, "No, I am not doing this accompaniment; I am sorry".

Q2394 Chairman: But then ultimately it happens.

Mrs Wernli: It has happened, yes. If somebody comes up here and says, "I wish to go", put yourself into the situation that you are the person helping this very ill person to have the accompaniment. If you personally feel within you that there is something wrong here, that this person does not really want to go, would it not be your moral and ethical responsibility to say, "No, I cannot help you with this accompaniment"?

Q2395 Chairman: But it is the accompanying person, the helper, that ultimately hands over the prescription for the patient to take?

Mr Luley: No, he does not hand over the prescription.

Q2396 Chairman: He hands over the medicine, I mean.

Mr Luley: Yes.

Q2397 Chairman: That is what I mean—not the paper but the actual material.

Mr Luley: Yes indeed. He puts it within reach of the person who wants to go.

Chairman: Our time has passed rather quickly. We have to move on. Thank you very much indeed.