



How DIGNITAS works

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

The members' society «DIGNITAS - To live with dignity - To die with dignity» was founded on 17 May 1998. DIGNITAS has now been in existence for over 16 years and during this time, the not-for-profit association has helped several thousand people continue to live despite their difficult health conditions. These people were taken seriously in their wish 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. This improved their quality of life considerably. 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.

During this time DIGNITAS has also helped more than 1,700 people to end their lives gently, safely, without risk and usually in the presence of family members and/or friends.

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 own life is a human right recognised by the Federal Supreme Court of Switzerland and the European Court of Human Rights and protected by Article 8 of the European Convention on Human Rights, no one should be discriminated against in any way, not even on the basis of where they live.

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

Opponents of DIGNITAS' work are often conservative and/or very religious minority groups who try to present their own world view as the only valid one, and attempt 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/accompanied suicides (AS) at DIGNITAS?

It is repeatedly claimed or suggested – mostly in unprofessional media reports – that, in the space of a few days, 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 immediately. This is said to happen regardless of whether there are sufficient grounds for ending one's suffering and life – 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, believe them to be true, travel to Dignitas without prior notice and want to die on

the spot. They are then disappointed, and at times also in despair, to find out that they were misinformed and misled 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 always represents, in each case, a process at DIGNITAS that usually takes around three months, although it can also last longer. After the preparatory process has been completed, the AS can be carried out within three to four weeks. 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 individuals 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 being able to fight for this opportunity themselves or to support the organisation.

Until people decide on one option or another, while they have not submitted a declaration of membership to the organisation but are seeking information or even an AS, they are referred to internally by DIGNITAS 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 a declaration of 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 wish 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. 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 any reason – or there would have to be frequent exceptions to the rule, which would lead to inconsistency and separation problems.

Instead of a waiting period, DIGNITAS abides by the principle that an AS should in no case be decided prematurely. The most important factor is 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 Rehm-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 example of this type of counselling given by DIGNITAS in the context of a pain situation was described quite 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

Re: 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 care 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[at]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: 03 July 2008 13:35

To: Dignitas

Re: 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 through 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 website 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. 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). In the *ÄrzteZeitung* online dated 19 March 2014, an article describes how 15 million people in Germany suffer from chronic pain, but the capacities of specialist doctors are insufficient and between 5,500 and 6,000 pain management doctors are needed.

1.2. Sending or e-mailing basic information

People who do not submit a declaration of membership when they first establish contact will first be sent basic information about DIGNITAS by post or e-mail with the request to read it over carefully.

1.3. Membership application

When DIGNITAS receives a signed declaration of membership, the individual will be registered as a member. The member will then be sent the DIGNITAS patient's instructions / advance directive to fill out, an invoice for the membership fee, and the information documents once again if requested.

1.4. First request for the preparation of an AS

A first request for the preparation of an AS can be made before a declaration of membership of the organisation has been submitted. Equally, a request can also be made by individuals who are already a member.

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 beforehand 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 many countries abroad, 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 counselling 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 may decide not to become members of DIGNITAS and do not contribute 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 is neither a commercial business nor merely a self-help organisation. Our organisation makes itself available, not only to paying members but also as a charitable service to people in difficult situations, first and foremost as an independent and trustworthy contact partner. The primary motive of the organisation is to help such people and improve their situation of suffering as quickly as possible, providing such a possibility actually exists. Another top priority is to prevent risky suicide attempts that have not been fully thought through and which, in the majority of cases, ultimately fail, resulting in dire consequences.

1.6. Arrival of the actual request including all required documentation

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

1.6.1. The request itself

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 requests that DIGNITAS prepare for an AS, as the person wishes 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 in almost every case health matters that in the view of the applicant significantly affect the quality of his or her life are 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 life as well as their family and work situations.

Because many DIGNITAS members and interested persons do not reside in Switzerland – but in around 70 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 or close to Switzerland, is usually very difficult 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 also, in every case, by post or e-mail.

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.

For a large number of cases, however, such alternatives are not even a remote possibility. 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

Recommendations for palliative care options are also often given. Experience shows that the possibilities of palliative treatment are almost unknown at pre-

sent to numerous doctors (and therefore 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 euthanasia

At times, the recommendation made may include passive euthanasia.

This 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 liquid 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 confirm the patient's capacity of discernment and the absence of depression.

An attempt by DIGNITAS to ask a well-known psychiatrist, depression specialist and author from the same university to help his elderly 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 would 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 independently from DIGNITAS 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 feels that the request does not raise any specific questions.

1.8.2. In the case of specific questions

If the DIGNITAS staff member 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 the documentation is not sufficient to allow proper evaluation of the request, DIGNITAS will 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, he or she will state their reasons for the refusal.

In such a case, DIGNITAS does not simply inform the member that their application has been refused. Instead, an attempt is made to explain the doctor's reasoning in a clear manner, while making it a priority to offer the member additional options and leave open the possibility for providing a response to the doctor.

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 (compare the reply of the Federal Council of 9 January 2002 to the «ordinary question» of National Councillor Andreas Gross re. suicide and suicide attempts, accessible online: http://www.parlament.ch/d/suche/seiten/geschaefte.aspx?gesch_id=20011105

1.9.2. Temporary refusal; request for additional documentation

If the doctor refuses to write a prescription at the time with the reply: «Perhaps. I still require. . . » then the member will be contacted so that he or she can obtain the necessary documentation or the additional clarifications requested can be carried out. More often than not, this is 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 8).

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 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 decision to end their suffering and life, 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. Use the «provisional green light» as an «emergency exit», not to proceed any further but possibly make use of it later.
2. Plan different trips for the doctor's visits and for the AS, meaning that the member would travel back home after one or both 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. Plan one trip for the doctor's visits and for the AS scheduled close to each other, meaning that the member would stay several days in Switzerland.

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 as early as possible. 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 regu-

lations 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 has been conducted electronically from a central computer for several years now, 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 to DIGNITAS. 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/images/stories/pdf/studie-mr-weisse-dossier-prozentsatz-ftb.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 because they know that they have the possibility later on to definitely end their lives themselves with DIGNITAS, 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 an acceptable 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 adheres to the overriding principle that it is never DIGNITAS but always the member's own prompting which initiates the next step in an ongoing process. The initiation of the next phase always requires a corresponding request from the member.

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 any possible 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 and up to date. If this is not the case, they will be requested.

1.10.2.3. Examination to see if all additional documents are present

Finally, it will also be determined if all the additional documents required are present, such as the DIGNITAS Patient's Instructions / Advance Directive. In general, an AS appointment can only be definitively arranged when all of the documents, in the necessary format, have been received by DIGNITAS.

1.10.2.4. 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.

1.10.2.5. 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 schedule the necessary consultations with the member so that the question of writing the prescription can finally and definitively be decided upon.

1.10.2.5.1. 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 independent doctor cooperating with DIGNITAS was sufficient for the neces-

sary 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/accompanied suicides.

1.10.2.5.2. Practice since 1 February 2008

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

1.10.2.5.2.1. Letter from the Zurich cantonal physician dated 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 good medical practice. 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.

1.10.2.5.2.2. Two doctor's consultations

Since then, all of the AS carried out with NaP are always preceded by two consultations, 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 AS assistance team are always assigned. 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 assistants.

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 are met in good time and taken to the designated rooms.

1.11.3. Preliminary information for the DIGNITAS assistants

The DIGNITAS assistants 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 assistants 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 – with any relatives and/or friends accompanying him or her – has arrived, they are greeted, introduced and served with beverages (tea, coffee, mineral water). After this, the assistants will conduct another detailed conversation with the member, asking about the reasons underlying their decision to end their suffering and life self-determinedly.

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

During this conversation, it is repeatedly and unmistakably 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 the possibility of a member 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 50 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 (without a needle) 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 to enforce respiration, the member must also activate the so-called «power terminator» which will inde-

pendently interrupt the power supply some time 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 (active ingredient: metoclopramide) as an anti-emetic to prevent (as far as possible) them vomiting the unpleasant-tasting NaP. (If an intolerance for metoclopramide exists, there are other medications available.) In this context, it is also necessary to warn the member that the medication has an unpleasant taste but, immediately after they take it, they can have a sweetened drink or chocolate to neutralise 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 if a power terminator is required, 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 14 f.) 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, after the member requests the next step themselves.

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 assistants the chance to speak with the member alone. If the doubts of both DIGNITAS assistants 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 after 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 to carry out the necessary arrangements 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 and/or friends who accompany the member are also given the opportunity to grant this power of attorney to DIGNITAS. 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. 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 preparations.

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 at a specific time without the presence of the DIGNITAS AS assistants, who will withdraw themselves 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 end his or her life, and if the lethal medication is to be administered through the stomach, the medication to prevent vomiting can be given.

Thirty minutes later, the member is questioned once again to see whether he or she still want to end life. 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 «power/control over the action» always remains with the member and is in no way transferred to either of the DIGNITAS assistants or any other person present. Directly after the medication has been swallowed, the member – as de-

scribed previously – is offered either a sweetened beverage or chocolate to remove the unpleasant taste left in the mouth.

1.11.8. Care of family members or friends

During the entire process, and in particular 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 AS assistants 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. 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 that occurred, so that an official investigation can take place.

1.12. The findings of the official investigation

In commenting on the results of the official investigations, the Regierungsrat, the governing council of the canton of Zurich, made various statements, including:

«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 director of the Justice Department of the Canton of Zurich (cantonal minister of justice), Councillor Dr. Markus Notter, also declared during a meeting of the cantonal parliament of the Canton of Zurich on 29 October 2007:

«It is clear to the governing council that an individual's freedom must remain absolute, that he or she can make decisions about their life and also about when to end their life. Therefore, it also follows, of course, that suicide is not a criminal offence. This has not always been the case in all social systems and circumstances, nor has it been so self-evident. And thus it is also true that in Switzerland, assisting in someone's suicide, as long there is no personal gain or motives involved, is not punishable by law either. The governing council does not wish to change any part of this basic order, as it appears to us to be the correct interpretation. In fact, this issue does not have anything to do with the state. This differentiates the state from the individual (. . .) As an individual, one has the right to make a completely different decision. Based on a Christian belief system, or another belief system, one has the right to reject suicide for oneself. However, the state cannot – and may not – dictate that an individual must

do this. That is a decision that each person must make individually. This is anchored in the freedom of the individual.

However, we recognise that the assisted-suicide organisations, as they exist right now, perform good work for the most part that also benefits the individual's freedom. . .»

1.13. Implication: No further legislative regulation for assisted suicide

After a popular initiative/referendum in the canton of Zurich on 15 May 2011 resulted in almost 85% of people voting against the criminalisation of assisted suicide and 78% against discrimination against people who are not residents of the Canton of Zurich, the experiences of the responsible political bodies with the current conscientious practice of assisted suicide in Switzerland ultimately led to both the Federal Government and the two chambers of the Federal Parliament along with the Government of the Canton of Zurich to expressly reject introducing legislative regulation of assisted suicide and to declare that the existing laws are sufficient. This, after years of dawdling politics and calls for restrictive legislative regulations by people with a limited vision.

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. – 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 Friedrich Schiller's 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.

The European Court of Human Rights determined, in its decision 31322/07 on 20 January 2011, as had previously the Federal Supreme Court of Switzerland in its decision BGE 133 I 58 on 3 November 2006: «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.»

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 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 nevertheless incomplete. A look at palliative medicine in particular 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 are further encouraged when we ask 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 email 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 did not share 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 not be taken seriously and/or 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 harming 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, he would have certainly had a genuine chance to overcome his suicidal tendencies.

In this context, it is especially important to ask why it is acceptable and even advisable to put a severely suffering animal to death, but it is impossible to allow a severely suffering human to decide 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 immoral 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 or individual that is in need of special help.

2.5. Plurality

The defence of a pluralistic system is equally important because it alone guarantees 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 up to 87% of Europeans are of the opinion that each person should choose for themselves when and how they will die, and up to 78% could envision the possibility of using assisted suicide themselves. On the internet: http://www.medizinalrecht.org/wp-content/uploads/2013/03/Resultats_opinion_poll_self-determination_at_the_end_of_life.pdf

Even among the Evangelical and Roman-Catholic population in Switzerland there exists a high level of acceptance for assisted suicide of 72%. In: «Reformiert.» vom 29. August 2008; GALLUP Teleomnibus Befragung vom 3. - 12. Juli 2008 durch ISOPUBLIC, Schwerzenbach, on the Internet: Fehler! Hyperlink-Referenz ungültig.

2.7. Citizens are not the property of the state

The 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 life 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

- **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 17), 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 comment on 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. They assume that only one person – the doctor – is involved as an «assistant» in such a case. These guidelines do not apply to other cases of assisted suicide by doctors, as has been established legally in different manners.

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 8) in making contact with the member and carrying out assessments, they also gain an immediate impression of the personality and situation 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 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 may be concluded that at DIGNITAS 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 certain proportional 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 *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 crises, 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 – as a result of the significant increase in life expectancy and the associated health and social problems of many women and men 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-attempt 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 none 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.

--oOo--