



Euthanasia and the law in Europe

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The word *euthanasia* comes from two Greek words: *eu* (good) and *thanatos* (death). The English scholar Sir Francis Bacon coined the term in the early 17th century. Bacon argued that physicians, in addition to preserving health, curing disease, and prolonging life, ought to have the responsibility “to acquire the skill and bestow the attention whereby the dying may pass more easily and quietly out of life.”

What is the current criminal law on deliberate euthanasia in Britain and other European states?

Euthanasia or 'mercy killing' is popularly taken to mean the practice of helping severely-ill people to die, either at their request or by taking the decision to withdraw life support.

Europe is deeply split over how it treats its terminally ill.

Switzerland permits even adults who are neither ill nor Swiss residents to be helped to die. Dutch law covers adults and children over 12 who are suffering unbearably with no prospect of relief. In February 2014, the Belgian parliament extended the law to cover all children close to death and suffering beyond medical help. In Luxembourg (as well as the five American states that allow it), assisted suicide is reserved for the terminally ill. In most places, save Switzerland, doctors must approve the procedure.

Dutch led the way

As early as 1984, the Dutch Supreme Court declared that 'voluntary euthanasia' was 'acceptable', and in 2002, the Netherlands became the first country in the world to legalize euthanasia -- ending the life of someone suffering from a terminal illness or an incurable condition, with their approval.

'Physician-assisted suicide' is now practiced with increasing openness in the Netherlands.

The rules are strict and cover only patients with an incurable condition who face unbearable suffering.

The patient has to be in full possession of mental faculties and each case has to have a second medical opinion before euthanasia is carried out in a medically appropriate way. After the event, it is referred to a regional review committee including a doctor, a legal expert and a medical ethicist.

In recent years the number of Dutch cases has been around 2,000 a year.

In both the Netherlands and Belgium, a physician is permitted to end a patient's life, provided that the patient requests it, that he or she is mentally sound at the time, and that a second medical professional confirms the terminal diagnosis.

LEGAL IN EUROPE IN:

Netherlands: Voluntary euthanasia and physician-assisted suicide lawful since April 2002

Belgium: Legalized euthanasia in May 2002

Switzerland: Physician and non-physician assisted suicide only

Luxembourg: Luxembourg legalized euthanasia in 2009

Dignitas

Assisted suicide is legal in the Netherlands, Belgium, and Luxembourg, as well as in the American states of Oregon, Washington, Montana, and Vermont. But in all those places, the practice is restricted to people with incurable diseases, involves extensive medical testing and consultation with physicians, and requires that applicants be permanent residents. Not in Switzerland.

About 200 people commit assisted suicide each year in Zurich, including many foreign visitors.

Dignitas, a not-for-profit assisted suicide organization founded in Zurich in 1998, allows its members to come from around the world to Switzerland to end their lives. "Live with dignity, die with dignity" is their slogan.

It was founded by Swiss lawyer Ludwig Minelli as the world's first assisted suicide center. It takes advantage of Switzerland's liberal laws on assisted suicide, which suggest that a person can only be prosecuted if they are acting out of self-interest.

As of early 2010, Dignitas has helped 1,046 people to die since 1998, including people from more than 60 countries, 132 from Britain.

Dignitas says that it can offer help to end life to anyone over the age of 18 suffering from a terminal illness or chronic condition, such as paralysis or a mental illness. But that depends on the patient. Ludwig Minelli said in 2006,

“If a depression is lasting for 10, 15 years, and if multiple therapies did not help, and if this person says, "I have really enough, and I do not want to live on for another 10 years with depression," this is quite reasonable and understandable. If somebody ... has lost the husband, she is in acute depression, here I think first should be measures of therapy. Normally this is a situation which can be healed. But if such a situation is lasting for years and [is] therapy-resistant, then I think there is no objection to an assisted suicide.

If somebody is coming and tells us, "I have enough of this awful life, and I would like to go now," we should have the opportunity to help him.”

Minelli said they have even had couples come to his organization, too. One case even had a couple who wanted to die together, however where one person was ill and the other was in perfect health. Minelli said,

“If somebody has been married for 50 years, they are in old age, and they are going to be lonely after that, when the husband has died, and if this person thinks it would be better that we could die together, why should we say no? With what reason should we say no? We should allow this freedom of decision. I see no ground to say no.

Even if the person is healthy and may live 20 or 30 years more, because this should always be the decision of the individual when the decision has been reflected, and I have the impression in this case that the decision has been very well reflected.”

There are established procedures that must be followed in order to receive Minelli's assistance in securing a swift death with a dose of a lethal drug. Merely turning up on his doorstep is not the correct way.

First, you need to become a member of Dignitas; anyone can join if they pay a membership cost of 10,000 Swiss francs (\$10,500). When you are ready to die, you need to send in copies of your medical records and a letter explaining why things have become intolerable.

These files are dispatched to two doctors, who both consider on the basis of the medical history whether or not he would be ready to write a prescription for the fatal dose. Both doctors, as of 2008, have to sign off on a suicide before one of them could write a prescription for the lethal drug.

Then a "green light" is given to the member, and they can contact staff at the Dignitas headquarters, who will schedule a date and offer advice on hotels.

But 70% of their members which have a "green light" do never call again. From the rest of the 30%, only a part will come to Zurich. Ludwig Minelli said, "We do lose more members by natural deaths within a year than we lose by assisted suicide."

If the patient does choose to go to Zurich, the individual must have two appointments with the doctor (to check their records and prescribe the drugs) and meet with two Dignitas staff members who will organize and witness the death.

The first stage is where the two Dignitas companions sit with family members and the individual who is about to die to discuss the procedure. At this stage, a lot of documents must be signed setting out the desire to die. It is up to the members to decide when they are ready to take an anti-vomiting drug to prepare the stomach, and half an hour later, the lethal drug.

The 15mg of white powder is mixed with water and drunk from a small glass. The act of voluntarily drinking the drug, mixed with 60ml of water, and the subsequent death is videoed by the Dignitas companions, who stay behind to deal with the police and the undertakers in the hours that follow. For those unable to lift the glass to their lips, there is a machine that will administer it, once they press a button.

"The patient always makes the last act - swallowing the drug or opening a valve of a drip himself," said Mr Minelli.

The drug, typically a highly lethal barbiturate -- sodium pentobarbital, is supposed to induce a deep sleep within minutes of being taken, which will lead to a peaceful and painless death, Dignitas says.

"I bring [the drink] to the patient and once again ask, 'Is this your last day because this will be your last drink. Afterwards it's over, you will sleep two to five minutes and afterwards you will die'," said nurse Erica Lully who prepares the doses.

"After the member has died," Ludwig Minelli explains, "our escort phones to the police and tells the police that we have had an assisted suicide. Then will arrive a police agent, police officer, public prosecutor and a physician from the Institute for Legal Medicine of the University of Zurich. They will make an investigation in order to clear whether there has been a crime or a suicide." In a side room, there is a television for the police to watch the video so they can file a report.

"What we are doing is a friendly act... we have never had a problem with police," said director Ludwig Minelli.

Under a Swiss law dating back to 1937, assisted suicide is a crime only if those providing assistance can be shown to have acted out of self-interest. Section 115 of the Swiss Criminal Code says that:

"Whoever lures someone into suicide or provides assistance to commit suicide out of a self-interested motivation will, on completion of the suicide, be punished with up to five years' imprisonment".

The law has been interpreted by Dignitas and other assisted suicide organizations as meaning that assisted suicide is not illegal as long as there is no selfish intent (such as helping an aunt to die in order to get her inheritance).

Switzerland's permissive legal environment is unique, and has given rise to at least four assisted-suicide organizations, including Dignitas. The two largest, both called Exit, one based in German-speaking Zurich, the other in French-speaking Geneva, limit their services to Swiss citizens. Another group, called Exit International and located in the Swiss capital of Bern, does occasionally take foreigners, but only in extraordinary cases.

"We cannot solve the dying problems of the rest of Europe," explained Exit's Vice-President Bernhard Sutter. "And we think it is very sad that very ill people have to travel thousands of kilometers to go to a liberal country to die there.

"These other countries should solve their own problems with dying people, so we would be happy if Germany, or Great Britain, would change their laws."

In 2014, Exit voted at their annual general meeting to add "suicide due to old age" to their statutes, extending its services to elderly people who are not terminally ill. This change allows people suffering from psychological or physical problems associated with old age the choice to end their life.

Since Swiss law allows organizations involved in this work set their own internal requirements, which differ from group to group, this change is legal for Exit to make. But that does that mean that this move is without criticism as the Swiss Medical Association fears it will encourage suicide among the elderly.

Together, the country's two Exit organizations lay claim to some 70,000 members. Dignitas has 6,000 dues-paying members.

When Ludwig Minelli was asked in 2006 why Dignitas is open to non-Swiss people, he responded,

"On the other side of the [border] is the German town Konstanz. I said to [myself], what is the difference between breast cancer with metastasis in [Switzerland] and one in Konstanz? Several hundred meters. Should this difference be decisive to [say] yes to the person who lives in [Switzerland] and to say no to the person who lives in Konstanz? Therefore I have decided we will accept members in our association also [from] outside of Switzerland. ..."

The number of foreigners Dignitas helps each year—132 in 2007, compared to 91 in 2003.

In 2002, Jenny Kamer told her family she was going to get help from Dignitas to commit suicide.

She had just returned from a long stay in hospital where doctors had had to put her into an artificial coma for two weeks to keep her alive.

"I have been dying slowly from an intestinal disease for 10 years now and I can't do this anymore. I want to die. Now I have to just choose a date," she said.

Jenny paid to join Dignitas and as a member of the organization, trained hospice staff from the group paid her numerous visits to prepare her and her family for till the moment she' chose to die.

Despite the apparent demand for Dignitas' services, the group's activities have stirred up some opposition within Switzerland.

"We do not want Switzerland to be a destination for tourism for suicide," Beatrice Wertli, from the Swiss Christian democrats, said.

Dignitas director Ludwig Minelli said, "We are not 'recruiting' foreigners. But it would be ethically wrong for me to turn them away."

Minelli has provoked a lot of controversy in Switzerland with his views on death.

"Death is the end of our life. After a good life, we should have a good death. A good death is death without pain, where you can say 'I had a good life, and I can now go to the other side,'" he says. "Nowadays, death is exported to institutions, to hospitals. Death has become a lonely occasion."

"If we want to reduce the number of suicides and suicide attempts, we should break the taboo of suicide. We should not say suicide should not happen, we should say suicide is a marvelous opportunity given to man to withdraw them from a situation that is unbearable for them."

Minelli calls suicide "the last human right," and he has dedicated his life to securing it.

A 39-year-old law student named Silvan Luley, one of Minelli's first employees as a Dignitas "escort," says other do-it-yourself methods can be even more problematic. Luley described some of the people who, having failed in their own suicide attempts, had contacted Dignitas to finish the job. "One lady jumped eight stories down to a paved parking lot. Now she is in a wheelchair. Then there was a man who shot himself in the face, but survived. Another leapt in front of a train and lost both his legs." Dignitas exists to prevent these outcomes, to see to it that those wishing to kill themselves may do so without fear of pain or failure. The fact that most people lack legal access to a death like this is the group's organizing principle. "Our goal is to make ourselves obsolete," Luley said. "It should no longer be that one has to travel from his home country to Switzerland to end his life."

In reference to the growing calls in Switzerland to ban euthanasia and assisted suicide, Minelli replied:

"In the second world war they closed the borders to Jews and those Jews who wanted to come here were repelled, and were murdered in concentration camps. And now we have people looking to end their lives in Switzerland and they are sent back and forced to live on. What is the difference? What is more cruel?"

In May 2011, voters in Zurich overwhelmingly rejected proposed bans on assisted suicide and "suicide tourism". This means that organizations like Dignitas can still offer their services not only to Swiss citizens, but also to foreigners as well.

The deeply religious Evangelical Democratic Union had been the main party supporting the proposed ban.

France's case

A French woman severely disfigured by facial tumors committed suicide on March 19, 2008 -- just two days after a court rejected her request for an assisted suicide.

She was found dead at her home from which an autopsy showed to be from a "deadly dose" of barbiturates.

Chantal Sebire, 52-years-old, had suffered from esthesioneuroblastoma (ENB), a rare and incurable form of cancer for eight years, developing tumors to burrow through her sinuses and nasal cavities. These tumors caused her nose to swell to several times its original size and pushed one eyeball out of the socket, significantly distorting her face.

The woman from Dijon, in eastern France, said drugs were ineffective against the excruciating pain caused by the condition and there was no reason doctors should not be permitted to hasten her death.

"It is not only the face. Some of my bones are eaten into. I don't have any more upper and lower jaws," she said in an interview before her death.

Sebire insisted there was no reason her doctors should not be permitted to help her commit suicide. "I ask to be helped to die because I don't want this tumor to have the last word. I didn't fight for seven and a half years to have it having the last word."

Under the "end of life" law, doctors are advised to avoid taking extreme measures to keep dying or brain-dead patients alive. The law permits only passive euthanasia -- removing feeding and hydration tubes when a person is in a coma, or inducing a coma and then removing the tubes.

Active euthanasia, even at a patient's request, remains illegal in France.

Sebire's lawyer had tried to convince a French court that it was "barbaric" to put her through the ordeal of dying slowly in an artificial coma, something that could take up to two weeks while her three children looked on in anguish.

Housing Minister Christine Boutin declared that she was "scandalized that people can envision granting this woman death because she's suffering and deformed," adding that if France legalizes "the right to kill, we're heading towards a barbarian society."

The court turned down the appeal.

A French group called the Association for the Right to Die with Dignity, which took up Sebire's cause, believes laws must be changed to take such cases into account.

"It is not the liberty of a politician or a doctor -- it's the liberty of the person who is suffering, who has a terminal disease," said Jean-Luc Romero, president of the group.

"It's only the decision of the people who have a terminal disease to decide [whether they may die]."

Foreign Minister Bernard Kouchner (a former doctor) is one of a number of senior politicians who favor a legal right to euthanasia in rare cases. He argued it was wrong that Chantal Sebire should have to "commit suicide in a clandestine way, which would cause suffering to everyone, especially her loved ones".



Chantal Sebire's story may now trigger a change in French law.





Belgium's Case

Following the Belgian Parliament's approval of the euthanasia legislation in May 2002, pharmacists can now supply doctors with a fatal dose of medicine, making assisted suicide more easily available.

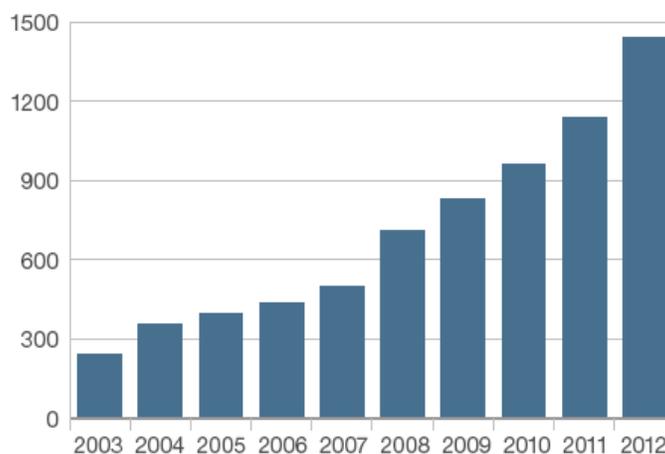
Euthanasia is now legal in Belgium for people over the age of 18.

The 2002 law governing euthanasia allows adults to choose to end their lives, if they:

- are competent and conscious
- repeatedly make the request
- are suffering unbearably - physically or mentally - as a result of a serious and incurable disorder

Between 2002 and 2012, there were 6,945 registered deaths by euthanasia in Belgium. In the last decade, the number of reported cases per year has risen from 235 deaths in 2003 to 1,432 in 2012. Doctors typically give patients a powerful sedative before injecting another drug to stop their heart.

Adult euthanasia cases in Belgium



Source: European Institute of Bioethics

The law enabled a Belgian doctor, Professor Pete Hoebeke, to invite Chantal Sebire to end her life at his hospital in Ghent.

He revealed that five foreigners "in great suffering" had already come to Belgium to die, taking advantage of EU rules allowing patients to seek care in another member state if it was unavailable at home.

Hugo Claus, 78, chose his own moment of death because he did not want to continue suffering from Alzheimer's disease. A former writer, he ended his life under medical supervision in Antwerp in March 2008.

He took advantage of Belgium's liberal euthanasia law, which grants a doctor the right to help end a patient's life.

Italy

Euthanasia is illegal in Italy, but patients have the right to refuse treatment. Three recent cases have divided Italians over this issue.

In 2006, Piergiorgio Welby - a terminally ill man with a severe form of muscular dystrophy - died after a protracted legal dispute during which he described his life as torture.

A judge had ruled that he did not have the right to have his respirator removed, and when anaesthetist Mario Riccio switched off his life support he was investigated by a judge for "consensual homicide".

He was eventually cleared and the judges involved called on politicians to change the law.

<http://www.youtube.com/watch?v=7VwgVTG6R9A&feature=related>

In July 2007 came the case of Giovanni Nuvoli, a 53-year-old former football referee with advanced muscular dystrophy, who died after going on hunger strike because he was not allowed his request to die without suffering.

Police prevented his doctor, Tommaso Ciacca, from switching off his respirator. Health minister Livia Turco said it was time Italy had a law "which allows sick people to express their will".

The Italian senate has begun discussing proposals to allow "Living Wills", documents detailing what treatment a person wants if they become unable to decide for themselves.

But the Roman Catholic Church is completely opposed to the step and a senior member of the Forza Italia party, Isabella Bertolini, has described the plans as "a Trojan horse for euthanasia".

In February 2009, Eluana Englaro was moved to a clinic where she was allowed to die after 17 years in a vegetative state. She died of a heart attack, just a few days after her feeding was stopped.

The 37-year-old Italian woman's case is known as Italy's own Terri Schiavo case.

Englaro had been in a permanent vegetative state since suffering irreversible brain damage from a car crash in 1992 when she was 20 years old. Her father, Beppino, had been battling with the courts in Italy to let her die since 1999, insisting it was her wish.

In July 2008, a court in Milan ruled that doctors had proved Englaro's coma was irreversible. It also accepted that, before the accident, she had expressed a preference for dying over being kept alive artificially.

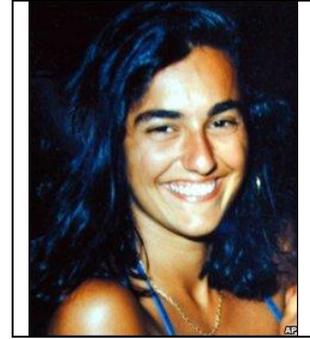
State prosecutors appealed against the ruling, but the Court of Cassation in Rome, the highest court in Italy, eventually ruled the challenge inadmissible. The high court said that Englaro's feeding tubes could be withdrawn, but the Italian health ministry issued an order barring all hospitals in the region from withdrawing her life support.

The health ministry's order was overruled by a court in Milan in January 2009.

A private geriatric clinic, La Quiete Clinic, in the northern Italian city of Udine then said it would receive her and allow her to die under their care.

Englaro's case provoked outrage from the Vatican, whose health minister described it as "abominable" and tantamount to murder.

Pope Benedict XVI added his voice to the debate about euthanasia, calling it a "false solution" to the tragedy of suffering.



"The true response cannot be to give death, even if it is seemingly more soothing, but to show the love that can help people face pain and agony in a human way."

Currently, Italy has no law allowing a living will.

The law in the UK

Since 1993, "omissions" that are principally the removal of life-saving care, are legal in the UK.

As the law stands in the UK, deliberate or 'active' euthanasia will normally leave anyone assisting suicide or death liable for murder.

As a result, more than 100 people from the UK have committed suicide in Switzerland since 2002, traveling to the Dignitas Clinic there where it is legal. And almost 700 Britons are members of Dignitas, which means they have plans to do so in the future.

Of those who made the trip, one of the most recent cases was that of Daniel James, 23, in October 2008. James was paralyzed from the chest down in 2007 when a rugby scrum collapsed on top of him during match practice, dislocating his spine. He is believed to be the youngest person from the UK to have traveled to Switzerland to commit suicide.

"His death was an extremely sad loss for his family, friends and all those that care for him but no doubt a welcome relief from the 'prison' he felt his body had become and the day-to-day fear and loathing of his living existence, as a result of which he took his own life," James' parents said in a statement. He was "not prepared to live what he felt was a second-class existence".

Euthanasia is a crime in the UK, as is helping someone to kill themselves - known as "assisted suicide". It is punishable by 14 years' imprisonment to assist, aid or counsel somebody in relation to taking their own life.

Veteran Scottish politician Margo MacDonald, an independent MSP who suffers from the degenerative brain condition Parkinson's Disease, has said doctors should be allowed to help terminally ill patients end their life.

"I feel strongly that, in the event of losing my dignity or being faced with the prospect of a painful or protracted death, I should have the right to choose to curtail my own, and my family's, suffering."

Speaking in a Scottish Parliament debate in March 2008, Ms MacDonald claimed she herself should have the right to "assisted death" if her condition deteriorated.

Assisted suicide differs from euthanasia in that a fatal dose of drugs is not administered to the patient by another person, but they are given the means to do it themselves.

Within English law, a difference is made between acting and refraining to act; the latter is referred to in English law as an act of omission.

Active euthanasia occurs when treatment is administered with the intention of ending the patient's life.

This question arose in the case of Baby B in 1981, which concerned a Down's syndrome baby, whose survival was said to depend upon speedy surgical intervention to remove an intestinal blockage.

But the child's parents did not sanction the operation.

Making Baby B a ward of court, the local authority applied to the High Court for a direction so that the operation could be carried out.

But a judge in chambers ruled that the parents' wishes must be respected.

On appeal, the decision was reversed by the Court of Appeal in August 1981, on the grounds that there was evidence that if the operation took place, the child would live a normal life span of a 'mongoloid' child with the handicaps and defects of such a child.

Child's death

A similar question arose in Dr Arthur's case which concerned the birth of John Pearson, born in June 1980 in Derby City Hospital.

Diagnosed immediately with Down's syndrome he remained in the care of Dr Arthur, a very experienced consultant pediatrician.

The child died three days after his birth, and Dr Arthur was charged with the baby's murder.

It was alleged that he, in accordance with the child's parents' wishes, had caused, or intended to cause, the child's death by starvation.

It was alleged that he had been withholding the basic essential to life - food - and that the consultant had succeeded in starving the baby John to death.

In October 1981, the trial of Dr Arthur opened at Leicester Crown Court before Judge Farquharson and a jury. Dr Arthur pleaded not guilty to murder.

In November 1981, Dr Arthur was acquitted of murder, by direction of the trial judge and by the jury of attempted murder.

Withdrawing treatment

There have been recent cases which have moved the law forward.

One landmark ruling was the 1993 Bland case (Airedale NHS Trust v Bland [1993]). It created an important distinction in English, Welsh and Scottish law between active euthanasia and passive euthanasia.

Since this 1993 case, the removal of life-saving care are legal.

Anthony Bland was a 17-year-old left severely brain damaged after the Hillsborough Football Stadium disaster in April 1989.

Nottingham Forest and Liverpool played their FA Cup semi-final match at stadium in Sheffield, and too many supporters were allowed into the old stadium, causing a fatal crush of many supporters.

Tony Bland had been in a permanent vegetative state (PVS) until 1993, when his parents and the NHS hospital trust sought permission from the High Court to withdraw the artificial nutrition and hydration that was keeping him alive. The High Court and the House of Lords agreed.

Following the decision in Bland, Sir Mark Potter, then President of the High Court's Family Division, ruled in the case of J. in December 2006, a 53-year-old woman who had been in PVS since 1993, that life support could be discontinued.

Degenerative disease

A similar question arose in the case of Diane Pretty in 2001, a 43-year-old woman, suffering Motor Neuron Disease.

Though a degenerative and incurable disease it was different to the other two cases in that her mind was still active.

Diane Pretty's legal action concerned the question of assisted suicide.

As the law stands, it is an offence to assist another person to commit suicide under section 2(1) of the Suicide Act 1961.

Mrs Pretty asked the Director of Public Prosecution (DPP) to give an undertaking not to prosecute her husband, should he assist her to commit suicide in accordance with her wishes.

The DPP refused permission which was upheld by the High Court in August 2001 and the House of Lords in November 2001.

Leading London human rights lawyer, Ms Chakrabarti, asked the European Court of Human Rights on Mrs Pretty's behalf, whether a terminally ill person could refuse life-saving or life-prolonging medical treatment and lawfully choose to commit suicide.

It was argued that the UK legislation on assisted suicide infringed Diane Pretty's human rights under Art. 2 of the European Convention ('right to life').

But the Strasbourg Court refused permission for assisted suicide, upholding the UK House of Lords' ruling, stating that Art. 2 was also there to protect life and that an intentional consensual killing in the context of 'voluntary euthanasia' was regarded in English law as murder.

In 2007, the House of Lords rejected a proposal to give doctors the right to prescribe drugs that terminally ill patients in severe pain could use to end their own lives.

The bill was put forward after Diane Pretty fought for the right to allow her husband to help her end her life.

She lost her case in the European Court of Human Rights, before she died in a hospice in May 2002.

The public debate surrounding euthanasia continues - both inside and outside parliament.

The London Times in January 2007 reported that, according to the 2007 British Social Attitudes survey, 80% of the British public said they wanted the law changed to give terminally ill patients the right to die with a doctor's help.

In the same survey, 45% supported giving patients with non-terminal illnesses the option of euthanasia. "A majority" was opposed to relatives being involved in a patient's death.

http://news.bbc.co.uk/2/hi/uk_news/magazine/7733166.stm (*disabled broadcaster Liz Carr's message to Noel Martin, who is planning a trip to Switzerland to commit suicide after being paralyzed by an attack by neo-Nazis*)

Euthanasia Kits

In an effort to provide certainty to those contemplating suicide, one of the world's leading euthanasia advocates plans to sell barbiturate-testing kits to confirm that deadly drug cocktails are, in fact, deadly.

When someone with a terminal illness decides to end his or her life by overdosing on barbiturates, they may hope the drugs will lull them into a peaceful and permanent sleep. But if the drugs have passed their expiration date or lack a sufficiently lethal concentration, the would-be suicide victim may actually survive — risking an array of complications including coma, reduced physical functioning and the opprobrium of disapproving friends and family.

"People who are seriously ill don't want to experiment," says Dr. Philip Nitschke, the physician known for his efforts to legalize euthanasia in his native Australia. "They want to know they have the right concentration of drugs so that if they take them in the suggested way, it will provide them with a peaceful death."

The kits, which debuted in Britain in May 2009 and retail for \$50, include a syringe that allows users to extract half a milliliter of barbiturate solution without breaking the sanitary seal. The extracted sample is then mixed with chemicals from the kit; a color change indicates a lethal solution.

Nitschke began devising the kits two years ago in response to growing demand from members of Exit International, the organization he runs that distributes information on end-of-life methods. Increasingly, the group's 3,500 members are obtaining sodium pentobarbital, a clear solution used to anesthetize cats, dogs and horses, from online sources based in Mexico and Southeast Asia.

Sarah Wootton, chief executive of Dignity in Dying, believes that Nitschke has gone too far but says his behavior is a function of a system that fails to address the needs of people living in pain. "The answer is not DIY kits or books, but a fully safeguarded law that protects the vulnerable and gives terminally ill adults the choice of an assisted death."
