

The Association of Palliative Care Practitioners of South Africa (PALPRAC) statement: euthanasia and physician-assisted suicide.

May 2024

Preamble

The Palliative Care Practitioners of South Africa (PALPRAC) is the association for healthcare professionals trained in palliative care who are regularly caring for patients with life-limiting and life-threatening illnesses and their loved ones.

PALPRAC strives to increase timely and equitable access to quality, evidence-based palliative care in South Africa. It works across the spectrum of patients, families, non-governmental organisations, universities, the private healthcare sector and the National Department of Health.

PALPRAC is also a member of the African Palliative Care Association (APCA) and is mindful of our African context and that our colourful diversity adds to the complexity of providing palliative care.

PALPRAC holds to the WHO definition of Palliative Care¹ and the International Association for Hospice and Palliative Care's consensus-based definition of palliative care that focuses on relieving serious health-related suffering.²³ Palliative care intends neither to hasten nor postpone death, affirms life, and recognises dying as a natural process.

Therefore, physician-assisted suicide or euthanasia does not form part of palliative care practice.

Palliative care addresses requests for physician-assisted suicide with respectful active listening. An in-depth understanding of the meaning of dignity as perceived by the patient nearing the end of life serves as a basis, thus offering guidance to both clinicians and families to enable optimal compassionate care during this vulnerable stage of life.

PALPRAC acknowledges the broad spectrum of individual views on the issues regarding physician-assisted suicide and euthanasia, which can be complex. It is important, however, that palliative care is not misrepresented in healthcare or the public domain, as is often the case.

Nature and scope of Palliative Care

Palliative care is the active, holistic care of individuals of all ages with serious health-related suffering due to severe illness, especially those near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers.

Palliative care is a basic human right and part of the right to health, as stipulated in the South African Department of Health's Patients Rights Charter.⁴

¹ <https://www.who.int/europe/news-room/fact-sheets/item/palliative-care>

² IAHPC. Global Consensus-based palliative care definition. (2018). Houston, TX: The International Association for Hospice and Palliative Care. Retrieved from <https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition>

³ Radbruch L, De Lima L, Knaut F, Wenk R, Ali Z, Bhatnagar S, Blanchard C, Bruera E, Buitrago R, Burla C, Callaway M, Munyoro EC, Centeno C, Cleary J, Connor S, Davaasuren O, Downing J, Foley K, Goh C, Gomez-Garcia W, Harding R, Khan QT, Larkin P, Leng M, Luyirika E, Marston J, Moine S, Osman H, Pettus K, Puchalski C, Rajagopal MR, Spence D, Spruijt O, Venkateswaran C, Wee B, Woodruff R, Yong J, Pastrana T. Redefining Palliative Care-A New Consensus-Based Definition. *J Pain Symptom Manage*. 2020 Oct;60(4):754-764. doi: 10.1016/j.jpainsymman.2020.04.027. Epub 2020 May 6. PMID: 32387576; PMCID: PMC8096724.

⁴ <https://www.justice.gov.za/vc/docs/policy/patient%20rights%20charter.pdf>

The 2019 International Association of Hospice and Palliative Care's (IAHPC) consensus definition of palliative care states that palliative care:

- Includes prevention, early identification, comprehensive assessment and management of physical issues, including pain and other distressing symptoms, psychological distress, spiritual distress and social needs. Whenever possible, these interventions must be evidence-based.
- Provides support to help patients live as fully as possible from diagnosis until death by facilitating effective communication, and helping them and their families determine goals of care.
- Is applicable throughout the course of an illness, according to the patient's needs.
- Is provided in conjunction with disease-modifying therapies whenever needed.
- May positively influence the course of illness.
- Intends neither to hasten nor postpone death, affirms life, and recognises dying as a natural process. Provides support to the family and the caregivers during the patient's illness and in their own bereavement.
- Is delivered recognising and respecting the dignity, cultural values and beliefs of the patient and the family.
- Is applicable throughout all healthcare settings (place of residence and institutions) and at all levels (primary to tertiary) of care.
- Can be provided by professionals with basic palliative care training.
- Requires specialist palliative care services with a multi-professional team in complex cases.

Further to this definition, palliative care involves a variety of services delivered by a range of professionals that all have equally important roles to play, medical and psychosocial. These services include Advance Care Planning and complex decision-making regarding withholding or withdrawing non-beneficial treatments.

Deficits in palliative care provision^{5 6}

Palliative care is poorly understood, undervalued and inadequately resourced. In Africa, including South Africa, contrary to many Western countries, there are many more deficits and obstacles in delivering palliative care. These include, but are not limited to:

Within the healthcare system:

1. **Lack of political will:** In 2014, the South African government co-sponsored the World Health Assembly (2014) resolution on palliative care, committing to its implementation. The existing National Policy Framework and Strategy on Palliative Care 2017-2022 has lapsed and has not been implemented since policy development.
2. **Lack of Integration into Health Policies:** Palliative care needs to be more seamlessly integrated into healthcare policies at all levels to ensure its consistent provision and support.
3. **Lack of Education and Training:** Policy leaders and healthcare professionals require education and training on palliative care to understand its value and effectively implement it into practice.
4. **Limited Resources:** A shortage of medication and non-medical resources for palliative care hinders its comprehensive delivery.
5. **Insufficient Training Institutions:** More institutions must offer training in palliative care across all levels to ensure a competent workforce.
6. **Limited Research:** Evidence-based research specific to South Africa that could inform policy and practice is lacking.

⁵ Connor, Stephen. (2020). Global Atlas of Palliative Care 2nd Edition.

⁶ Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *Lancet* 2018;391:1391–1454.

7. **Service Delivery Challenges:** Palliative care services are particularly limited throughout South Africa, particularly in rural areas, exacerbating the disparities in care access.

For Patients, Families, and Communities:

1. **Lack of Awareness and Voice:** Many patients and families are unaware of available palliative care services and may not feel empowered to advocate for their needs.
2. **Limited Access to Information:** Better dissemination of information about palliative care services and patients' rights, especially among marginalised and vulnerable groups, is needed.
3. **Informed Decision-Making:** Patients and families often lack the knowledge and support to make informed decisions about their care, highlighting the need for improved communication and support mechanisms.
4. **Cultural Sensitivity:** The paucity of current palliative care services creates an enormous void in culturally appropriate care within the diverse needs of South Africa's population.

Addressing these issues will require concerted efforts from policymakers, healthcare professionals, community leaders, and advocacy groups to prioritise palliative care, invest in education and training, allocate resources effectively, and ensure equitable access to care for all.

Myths and misconceptions

There are many misconceptions about palliative care among medical colleagues, the media and the public, including the use of morphine, palliative sedation, withholding and withdrawing of medical treatments, artificial nutrition and hydration, suffering, death and dignity.

Patients have the right to refuse medical treatments. They have the right to treatments for distressing symptoms, which are titrated to good effect, including palliative sedation if symptoms are intractable.

Conclusion

PALPRAC, as an organisation, is committed to providing access to an accurate knowledge base on managing life with serious illness and palliative care in South Africa.

Requests for euthanasia should be acknowledged with respect; the reasons for the request should be explored and clearly understood, followed by the appropriate management and support to alleviate suffering in a manner that is in line with good palliative care practices and principles. Physician-assisted suicide or euthanasia does not form part of palliative care practice.

First and foremost, all South Africans with life-threatening or life-limiting illnesses have the human right to access palliative care.