Ludwig A. Minelli to the Liberal Party Convention,
Brighton, 20th September 2006

Some Information about DIGNITAS

Ladies and Gentlemen,

It is a great honour to have the opportunity to bring you some information about the Swiss organisation „DIGNITAS – To live with dignity – To die with dignity", and I would like to thank the organisers of this meeting, and especially Mr. Chris Davies, for making it possible.

As my time for this speech is very limited, I will therefore go directly *in medias res*.

DIGNITAS has mainly two purposes:

- First, we provide our members with a Living Will, called Patient Instructions, which is important in case that a member looses his capacity of discernment. It gives to their relatives as well as to medical persons directives what should be done or not should be done in a situation in which the life of this member is endangered and the prognosis is bad. To put it in simple words: With these instructions, the member may tell relatives and doctors: „Please do not make any efforts to save my life, if the quality of my life which might be expected after those efforts would not correspond to my former quality of life!"

- Second, we help our members to make a risk- and pain-free suicide in case that they do have a sufficient reason to do so.

  Since DIGNITAS has been founded on May 17, 1998, until today, we have helped 619 members to end their lives without any complication, whereof 54 Britons.

  And the question for politicians in Britain today is this: Why do you force your citizens, people in the most terrible circumstances who are determined end their suffering in a way of their own choosing, to leave your country and travel to Switzerland in order to exercise their free will? Where is the humanity in this policy?

What are the fundamental legal provisions to justify our work?

Well: First, we are persuaded that Article 8 of the European Convention on Human Rights does guarantee the right of every individual to end their life without risks and without pains, and this without asking for a specific reason such as an illness or an inability.

What makes us so sure about this issue? The reason is to find in the Decision of the European Court of Human Rights at Strasbourg in the famous case of DIANE PRETTY vs. The United Kingdom of April 29, 2002. May I shortly quote some of the remarks of this distinguished Court?

„Although no previous case has established as such any right to self-determination as being contained in Article 8 of the Convention, the Court considers that the notion of personal autonomy is an important principle underlying the interpretation of its guarantees. “ (§ 61 of the decision, at the end).

“64. In the present case, although medical treatment is not an issue, the applicant is suffering from the devastating effects of a degenerative disease which will cause her condition to deteriorate further and increase her physical and mental suffering. She wishes to mitigate that suffering by exercising a choice to end her life with the assistance of her husband. . . . , the way she chooses to pass the closing moments of her life is part of the act of living, and she has a right to ask that this too must be respected (see paragraph 15 above).

“65. The very essence of the Convention is respect for human dignity and human freedom. Without in any way negating the principle of sanctity of life protected under the Convention, the Court considers that it is under Article 8 that notions of the quality of life take on significance. In an era of growing medical sophistication combined with longer life expectancies, many people are concerned that they should not be forced to linger on in old age or in states of advanced physical or mental decrepitude which conflict with strongly held ideas of self and personal identity. “

You might answer: „Well. But the Court did not honour the application of Diane Pretty.“

Correct. But the question raised by Diane Pretty to the Court was not, whether an individual has the right to a risk and pain free suicide, but whether the U.K. should grant her husband in advance a guarantee that he would not be prosecuted in case he would help her to commit suicide. The Court has said to this issue:

„74. Nonetheless, the Court finds . . . that States are entitled to regulate through the operation of the general criminal law activities which are detrimental to the life and safety of other individuals... The more serious the harm involved the more heavily will weigh in the balance considerations of public health and safety against the countervailing principle of personal autonomy. „

And so, of course, the Court had the opinion that considerations of public health and safety would justify the provisions of the British Suicide Act of 1961, which makes it a criminal offence to aid, abet, counsel or procure a suicide.

We at Dignitas take a different view about individual rights. If you consider that in our countries we do not only count thousands of suicides every year, but an even up to 50 times higher number of failed suicide attempts, often with severe consequences for the suicidal person as well as for third persons and for the budget of public health, it will be obvious that these high numbers could be reduced considerably, if society would change it's attitude towards suicide, and this at the price of just saving costs and lives.

Let us consider: If there were no more so-called "lonely suicides", suicides attempted by lonely people in a pit of despair, but always assisted suicides, we would have the opportunity to look at the problems which make persons suicidal, previously. We could try to find a solution that would prolong their lives. The problem of failed suicide attempts would be reduced to an absolute minimum, and that the number of suicides in general would be reduced considerably. Thus we may say: it is indeed in the interest of public health and safety to install such possibilities, in order to prevent a high number of suicides and the even higher number of failed suicide attempts.

But in order to install such a possibility, you need organisations that would be able to really offer assisted risk- and pain free suicides. I know that it is not easy to accept this paradox view. But we at DIGNITAS know also that this would be the outcome.

70 per cent of the members of DIGNITAS who have asked us to prepare an assisted suicide for them and who have received the message of DIGNITAS that a Swiss physician would be ready to write for them the necessary prescription for the lethal medicament do never call again after they have got this message.

And in every single case, DIGNITAS looks first for a possibility to help a member in the direction of life and not in the direction of death.

Actually, a widow of a member of us who has passed away without our help recently has told us that she would want to end her days. During his illness, she has lost all relations to other people and, beyond that, she is suffering from a tinnitus problem. We have discussed the matter with a tinnitus specialist who is also a psychologist. One of our volunteers will pay a visit to that lady in Germany in order to discuss solutions which would give her again the possibility of approach to other people. In other words: we are looking for a way back to life for her.

But as we are able to offer an assisted suicide, people do call DIGNITAS and are able to discuss with us their idea of a suicide without any fear. If they would do so with friends, relatives or their General Practicioner, they would have to fear either to lose their face or even to be put into a psychiatric institution and to lose their freedom.

The second legal basis for our work is to be found in Article 115 of the Swiss Criminal Code. It states:

„Whoever, from selfish motives, induces another person to commit suicide or aids him in it, shall be confined in the penitentiary for not over five years, or in the prison, provided that the suicide has either been completed or attempted."

Thus, by *argumentum e contrario*, our help is no crime at all, because we are never inducing or helping persons "from selfish motives". First, it is always our member who does ask us to provide this help, and so there is no inducing at all, rather the opposite, because we are looking whether the person could be helped with a solution towards life and not towards death; second, there is never a selfish motive.

By the way: in the British discussion of assisted suicide, there is one argument which seems reasonable: The Suicide Act is intended to protect the vulnerable persons. Frankly: We at DIGNITAS, during the last eight and a half years, have never seen a situation in which a family would have induced a vulnerable person to seek help to suicide with us. Quite the opposite: Generally, we meet very self-minded people asking assistance to suicide, and this does correlate with the findings of all the Annual Reports of the State of Oregon, USA, saying that people looking for this solution are mainly persons with a higher grade of education, well informed people. So we have to consider the argument of protecting the vulnerable to be void in reality.

Who are the people at DIGNITAS helping our members? Well, we have staff in the office maintaining contact with our members by e-mail, phone and correspondence. And we have escorts who assist those members who wish to have a risk and pain free suicide.

All of our volunteers may be characterised as persons with a lot of empathy for our members. Through their attitude, they do give them a feeling of security, of human comprehension and of comfort. Because we do accept the idea of suicide and as this is known generally, our proposals to try first further medical help or other alternatives are recognised by our members not just as attempts to hinder them with a suicide, but as a real attempt to help them.

Some time after an assisted suicide, we do ask the relatives who have been present to answer some questions and to give us a feedback so that we have the opportunity to hear critics and/or approval. If we have a look at those feedbacks, which are published in an overview on our Website, we see that relatives mostly acknowledge the high standard of empathy of our collaborators and the quality of the accompaniment to their beloved ones who have died by an assisted suicide. The main tenor of the feedback is positive.

Why does DIGNITAS render this service also to persons living abroad?

For DIGNITAS, the solution of this question was no problem. We just had to ask: What is the difference between a breast cancer with metastases at Kreuzlingen, a Swiss city at the end of the Lake of Constance, and a breast cancer with metastases at Constance, a German city at the end of the Lake of Constance? The difference is several hundred meters and a border in between. Shall we be entitled to say to a Swiss woman in this condition: Yes, and shall we be forced to answer to a German woman in this condition: No? I had to remember the Swiss refugee's politic during World War II, when the attitude of the official Swiss policy to close the border led to the death of thousands of mainly Jewish people fleeing persecution and seeking our help. Personally, I am not willing to take the responsibility for the consequences having said „No" to people seeking help at Switzerland's border, because Swiss law is, by tradition since the 19th century, a liberal one.

Because we are persuaded that the right to end one's life is a guaranteed human right, and because I personally am a Human Right's lawyer, I am also fighting that this right will be respected world wide. This fight is important for everybody. It is our duty to overcome the old church attitude of paternalism with its image of a lonely wise shepherd and a mass of stupid dull sheep also in this field. It is our duty to complete the philosophy of the Enlightenment by giving the individual also this last freedom to act without fear, risk or pain.

I would like to strengthen the idea that every suicide in the future is an assisted one and therefore never will be un-premeditated and spontaneous, which will lead our society to a much better situation, improving considerably the general situation of public health and safety: considerably reduce suicides, and even much more so suicide attempts, and save a lot of money in the public health system.

We have to avoid the heavy consequences of century-long indoctrination with religious dogmas as they have been described by a well-known philosopher of the 19th century:

„The power of religious dogma, when inculcated early, is such as to stifle conscience, compassion, and finally every feeling of humanity. But if you want to see with your own eyes and close at hand what timely inoculation will accomplish, look at the English. Here is a nation favoured before all others by nature; endowed, more than all others, with discernment, intelligence, power of judgment, strength of character; look at them, abased and made ridiculous, beyond all others, by their stupid ecclesiastical superstition.

The author of this critic has been the German philosopher ARTHUR SCHOPENHAUER. You may find it in his dialogue about Religion between Demopheles and Philalethes. This dialogue ends with the following phrase of Demopheles:

“Come, don’t let us part with sarcasms. Let us rather admit that religion, like Janus, or better still, like the Brahman god of death, Yama, has two faces, and like him, one friendly, the other sullen. Each of us has kept his eye fixed on one alone.

Well, this has been a philosopher of the 19th century. Our arguments today are based on ideas of the 20th century: respect of freedom and autonomy of the individual and his free will, as they are guaranteed by the European Convention on Human Rights.

But whether you argue out of ideas of the 19th or the 20th century, it is our duty in the 21st century to make sure that the text of ARTHUR SCHOPENHAUER will no longer be applicable to the British.

Thank you for your kind attention.