

Principles concerning Euthanasia in Denmark

In Denmark surveys indicate that a majority of the general population (71%) is in favour of euthanasia or assisted suicide being part of the public health service. In contrast, surveys also show that among medical doctors a strong majority (82%) reject euthanasia and assisted suicide despite a third of Danish physicians having been requested to perform euthanasia by one or more patients.

The Danish medical association has been consistently against making euthanasia or assisted suicide legal in Denmark. This position is based on ethical considerations regarding the healing role of a physician and concerns that legal euthanasia might be perceived as an indirect obligation for the weak to curtail their burden on family or society.

The Criminal Code in Denmark prohibits euthanasia (Straffeloven §237), killing on request (§239) or assisted suicide (§240). According to the Health Care Act (Sundhedsloven §25, stk. 1) a dying person has the right to reject treatment that would extend his life. Such a decision may also be expressed in an Advanced Treatment Declaration which is binding for the physician in attendance (Executive Order 240 of 20 March 2007), and a national register of such declarations is maintained centrally and is consulted in case of terminal illness with reduced consciousness (Executive order 322 of 3 April 2012).

The Health Care Act (Sundhedsloven §25, stk. 3) allows prescription of sufficient pain relief to a terminally ill patient even if such medication would hasten death as a non-intended consequence.

Palliative centres specialising in the care of patients with life threatening disease or terminal illness have become more numerous in the last 15-20 years. The purpose is to care for the entire patient, physically, psychologically and spiritually. In few cases it is necessary to use palliative sedation to control unbearable suffering at the end of life.

In principle, freedom of conscience is safeguarded by the right to conscientious objection e.g. for physicians requested to perform abortions. In practice, this right is to some extent compromised as physicians in training for General Practice or certain other clinical specialities are required to participate in preparatory and postoperative procedures linked to the abortion procedure itself in order for their training to be completed, and authorization by the National Board of Health to practice may thus be imperilled. There is a clear trend that as the ethics of abortion has become almost entirely accepted, conscientious objection is less well tolerated.

In a long-term perspective the relativism of moral constraints, as it is perceived in Europe, may undermine the absolute value of a human life and make it the object of evaluation by democratic majority decisions. As Catholic doctors we may be subjected to demands of the State to obey such a majority determination of values. To this we object, and we shall commit ourselves to uphold the principle of freedom of conscience.

Catholic Doctors in Denmark

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