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# **Physician-assisted suicide should be allowed in Hong Kong, out of compassion and respect for human dignity**

It's time to reopen the debate about assisted suicide for those who are terminally ill and suffering unbearably, in order to respect a patient's own decision to end their life

**Topic | Crime in Hong Kong**



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In 2017, an elderly Hong Kong man described by neighbours as a caring husband strangled [1] his sick wife to end her suffering. Similar tragedies have taken place not just in Hong Kong but all over the world. Life is valuable, but should those who are terminally ill and in unbearable pain be made to prolong their life and excruciating suffering?

We believe that physician-assisted suicide should be legalised in Hong Kong. Autonomy is an important value. We ought to be able to choose our career, religion and lifestyle – and when the day comes, a peaceful and dignified death. We should respect a patient's autonomous decision to end their life when faced with suffering that robs them of their dignity. However, to avoid abuse of medically assisted suicide, stringent conditions must be set.

First, the patient should be terminally ill. Second, there should be unbearable suffering, resulting in deterioration in quality of life. Third, it must be clear that death is not against the patient's interests. Finally, the patient must be mentally competent and have persistently, desperately wanted to die because of their objective condition. Only then does the patient have the right to request physician-assisted suicide.

It is sometimes said that only God has the right to take life, and that medically assisted suicide is wrong. But we ought to remember that God is compassionate as well. Even the Catholic Church, which considers a fetus a human being, allows [abortion](#) [2] in two cases: when the embryo is in the Fallopian tube, and when the mother has uterine cancer. Moreover, in a pluralist, secular society like Hong Kong, non-believers are not bound to any religious doctrine. In any case, the sanctity of life does not mean that it is always impermissible to take a human life. The law allows the use of deadly force in some cases of self-defence.

In assisted dying, the doctor helps the patient, who takes an active role in ending their life. For example, the doctor might prescribe a lethal dose of medication, and the patient can decide when and where to take it. One popular argument against medically assisted suicide is the slippery slope argument: if patients have the right to assisted dying, why not go further and allow doctors to kill dying patients who are too weak or paralysed to take their own lives?

What about patients who are not dying, but who still have to face years of intolerable physical or emotional pain? What if crippling paralysis causes patients to become dependent on others? Finally, why not extend assisted suicide to anyone who thinks life is suffering and who is determined to die, like a 17-year-old suffering unrequited love?

The slippery slope argument is a bad one. It assumes that because there is a continuum of suffering, the law cannot draw a line between cases where physician-assisted suicide is permissible and cases where it is not. But consider this analogy: just because there is no sharp line between safe and unsafe driving speeds does not mean we should impose just one speed limit for all roads. Instead of enforcing a blanket ban on physician-assisted dying, we should look at medical and policy factors in detail to identify a range of cases where the practice is permissible.

### [Decisions to be taken ahead of those final days](#)

[3]

Some people worry that terminally ill patients, especially those from poor families, will be under pressure to opt for physician-assisted suicide. We should not assume beforehand that this will happen, just as people should not assume that the availability of medically assisted dying would cause hospitals to practise it before all palliative measures are taken. Certainly, this has not happened in the [Netherlands](#) [4] or the state of Oregon, where the effects of assisted suicide have been studied.

On the contrary, after assisted dying became legal in Oregon, physicians have become more aware of patients' need for palliative care, and patients have tended to receive better palliative care. But we agree that it is important for patients to know they have the right to reject assisted suicide. Hospitals and family members should also be prohibited from exerting pressure on patients.

According to the World Medical Association's International Code of Medical Ethics, a physician shall "respect the rights and preferences of patients", and act "with compassion and respect for human dignity". The medical profession should uphold a patient's interests – their well-being, autonomy and dignity – as its overriding priority.

Although no physician is under any obligation to help a patient die, the medical profession should not forbid its members from assisting suicide. It is time for Hong Kong to introduce the practice and put in place a set of regulations that exemplify compassion as well as respect for human dignity and autonomy.

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