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New Members of Parliament must make a political and ethical commitment to supporting ill people at the end of their lives in society

The dissolution of the National Assembly on 10 June 2024 interrupted the vote on the 1st reading of the bill on support for the ill and the end of life. The vote was due to take place on 18 June 2024.

The Collectif Démocratie, éthique et solidarités was created on 15 May 2024. It brings together members of civil society committed to upholding the values of the common good and the principles of living together in the service of people living with a chronic or incurable illness, or in situations of disability or dependency.

The concern shown towards people in situations of existential suffering, and in certain cases physical or psychological suffering, justifies a medical response in a caring human and social environment.

1. Before drafting a 5th legislative text, amend the law of 9 June 1999 aimed at guaranteeing the right of access to palliative care and the law of 2 February 2016 creating new rights in favour of the ill and people at the end of life.

2. Palliative care is a step forward in healthcare democracy, recognising the right of people to live their lives independently and to have their choices respected, in accordance with their values, wishes and possibilities. They ensure their well-being and the maintenance of the relationships that are essential to their life in society, as well as their status as full members of the human community until they die.

While the implementation of the ten-year palliative care plan must be supported and its effectiveness guaranteed by a multi-year programming law, the sharing of a culture of palliative care is essential in local and day-to-day care as it is unanimously considered a priority for our fellow citizens.

3. If a new legislative project is presented in the coming months, it should be based on a rigorous method and analysis, in a spirit of unconditional respect for the integrity of vulnerable people: these requirements have been insufficiently taken into account since the announcement of a legislative amendment in favour of lethal medical treatment following the Citizens' Convention.

4. In such an intimate, sensitive and strictly personal area, the law must intervene by establishing real safeguards, particularly with regard to the most vulnerable people. The Bill aimed to establish procedures for the medicalised lethal act in the form of assisted suicide or euthanasia without being able to clearly set the limits and therefore contain the risk of extending an intentionally lethal practice of this kind being instituted.

5. Access to prevention, support and care for all, in dignified and fair conditions, at home as well as in health and medico-social establishments, is a prerequisite for any legislative amendment relating to end-of-life care.

The same applies to access to proven skills in preventing and combating pain, managing suffering and providing support in complex situations.

6. Asking the doctor to perform a lethal act would only be admissible if circumstances specific to the person's state of suffering, after having effectively explored and implemented the possibilities of care required, were such as to justify, as a last resort and in an exceptional manner, the transgression represented by an intentional act of euthanasia. In such cases, following a multidisciplinary collegiate examination of the request, this lethal act would have to be authorised by a magistrate.

Some people suffer from mental disorders that have not been identified, assessed or treated. It would be unacceptable to authorise a lethal act solely on psychiatric grounds.

7. In any new approach to legislation, serious agreement should be reached on scientific definitions and criteria that are both strict and indisputable. The very notion of "end of life", insofar as it is possible to agree on a quantification of the time it is supposed to represent, proved inoperative during the parliamentary debates.

The expression "aid in dying", which was deliberately used to avoid explicitly mentioning assisted suicide or euthanasia, cannot be used without clarifying its meaning.

8. Lessons should be drawn from the use of ethical arguments presented to justify a legislative amendment, and these should be discussed. How real and robust are these arguments? What about their impact, particularly on medical ethics? This debate cannot be avoided.

9. Respect for the dignity and rights of the ill person is a requirement of solicitude, presence and support in society, affirming values of solidarity and fraternity that are irreconcilable with a lethal act.

The Collectif Démocratie, éthique et solidarités (Democracy, Ethics and Solidarity Collective) will play a responsible role in contributing to political debates and mobilising society in favour of the rights of vulnerable people living with chronic or incurable illnesses, disability or dependency, or facing the consequences of ageing on their autonomy.

