

How ethics can change over time

A Historical Analysis of Palliative Movement,
Law and Ethics in Germany

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Prospectus

time of world war II (before 1945)

post-war era (1945 to 1971)

palliative pioneers (1971 to 1993)

differentiation (1994 to 2005)

integration/consolidation (from 2005)

possible changes in the future?

time of world war II (before 1945)

with quite some
oversimplification

prevailing world picture: the individual means
nothing, the community is everything

to make the community healthy, the faster way is not to
terminate illness, but to terminate ill people

killing patients was justified for the greater good

horrible crimes where committed even by physicians

post-war era (1945 to 1971)

1948: World Medical Association: Declaration of Geneva
(Switzerland)

AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude that is their due;

I WILL PRACTISE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL MAINTAIN by all the means in my power, the honour and the noble traditions of the medical profession;

MY COLLEAGUES will be my sisters and brothers;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely and upon my honour.

post-war era (1945 to 1971)

medical and technical progress leads to new options and possibilities in the treatment of patients

i.e. organ transplantation, intensive care, surgery

Curative medicine: to cure a patient outweighs the wellbeing of a patient

decisional power lies by the doctors, oncological patients are not informed about diagnosis and prognosis

palliative pioneers (1971 to 1993)

1967: Founding of the first Hospice in London marks the beginning of the palliative movement in Europe

1971: TV documentation about said Hospice is broadcasted in Germany

Decision-making authority is questioned, (individual) weighting of benefits and risks

palliative pioneers (1971 to 1993)

No more prime principle, no social consensus

1977: "four principles" approach by Tom Beauchamp and James Childress

- Respect for autonomy – the patient has the right to refuse or choose their treatment. (Voluntas aegroti suprema lex.)
- Beneficence – a practitioner should act in the best interest of the patient. (Salus aegroti suprema lex.)
- Non-maleficence – "first, do no harm" (primum non nocere).
- Justice – concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality). (Iustitia.)

palliative pioneers (1971 to 1993)

1983: first palliative ward opened in Cologne, focusing on cancer patients.

1990: Vocational regulation of German physicians: **„the will of the patient is the highest good“** (informed consent)

1991: twelve palliative wards funded by the German Ministry of Health

differentiation (1994 to 2005)

1994: Founding of the German society for palliative medicine

1996: First congress for palliative medicine

1997: Law for supporting hospices

1999: First professorship for palliative medicine

2000: First journal for palliative medicine

2003: Implementation of „palliative care“ speciality for German physicians

integration/consolidation (from 2005)

Palliative approach: the wellbeing of a patient is more important than curative treatment.

2007: Legal claim for specialized palliative care at home in complex illnesses (estimated 10% of deaths)

2009: Palliative medicine becomes an obligatory subject in medical studies

possible changes in the future?

Discussion about „assisted dying“

Excessive palliative approach? (Preventing people from getting the right treatment?)

Thank you

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