FAQs on Euthanasia

We have come a long way. It wasn't too long ago when the SMC punished a doctor for dishing out death certificates indiscriminately to folks who weren't his patients (but at least they were truly dead). Now we are openly talking about considering legalising euthanasia.

Despite the recent media attention on euthanasia, one can be forgiven if one isn't really in tune with all the issues surrounding this very difficult subject. Fear not. As usual, The Hobbit will guide you through this with his FAQs[1].

Q: What is euthanasia?

Euthanasia is derived from ancient Greek and it means "good death", referring to the practice of ending a life in a painless manner. Euthanasia can occur with or without consent. Good examples of euthanasia include the end of night polyclinics, the Harry Potter series and Sex and the City.

Q: What is the difference between Advanced Medical Directive (AMD) and euthanasia?

AMD is simply the withholding of life-sustaining treatment and letting nature take its course as opposed to euthanasia which includes an active deed of ending a life. But of course, the endpoint in both cases is the same – the patient is dead. Which brings us to the important difference: that euthanasia is about wanting to be dead without dying while AMD is about dying without receiving futile treatment.

Q: Why do we need euthanasia?

That's like asking why we need the IR. The answer is simple. Dying people usually do not contribute very much to economic growth. And whether it is euthanasia or the IRs, economic growth is everything.

Q: How does one perform euthanasia?

Usually with a syringe filled with highly concentrated potassium. But with these darned new Patient Safety Guidelines on locking up dangerous drugs and solutions, you can be forgiven if you just pushed the chap off the hospital roof or balcony. But please do check if there's anyone below before you do so – you don't want death as a complication of euthanasia.

Q: When should euthanasia be performed?

Euthanasia should be performed preferably when both you and the patient are still alive, unless you are the really weird type.

Q: Who would qualify for euthanasia?

Remember the concept of "painlessness" in euthanasia? While everyone wants a painless death, not everyone should get one on demand. Exclusion criteria include managed care owners, investment bankers who invented structured investment products and hospital-based management consultants. House officers and medical officers are also excluded from euthanasia – compatible for another reason – we need them for cheap labour.

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On the other hand, some can be deserving of being "fast-tracked" for euthanasia so that we can put these nice and unfortunate people out of their misery. These include Emeritus Professors, Consultants and the solo GP. Other folks who may be considered for fast-tracking include those who fail (or is it pass?) means-testing.

Q: Can doctors be involved? If so, why?

As long as you fulfill your CME requirements for this cycle (which is ending very soon), you may be considered for eligibility to perform euthanasia next year. Also, please pay your medical indemnity premiums promptly.

Q: Are there any contraindications to euthanasia?

Death is the only absolute contraindication. Relative contraindications fall into two main categories. The first category would be those who are refractory to euthanasia. Examples of these include vampires, government scholars, SAF 100s and James Bond. The second category would be those who will die only with excruciating pain and these folks include Paul Gascoigne comebacks, General Motors and Lehman Mini-bonds.

Q: Are there euthanasia subspecialties?

As euthanasia becomes more popular, subspecialties are forming. These include aesthetic euthanasia, the art of dying beautifully. We can throw in a double eyelid job and skin peel before euthanasia. Why let morticians make all the dough?

And then there is psychiatric euthanasia where we execute by showing the patient reruns of Barney or Britney Spears videos until the patient is brain dead.

In case you are wondering, forensic euthanasia may imply murder, which you should try your best to abstain from.

Q: Is there a role for pain management and pastoral comfort before euthanasia?

That would depend on whether you can afford all these unnecessary frills in addition to euthanasia. Remember, dying is an expense many can ill afford (pun intended).

Q: How do we charge for euthanasia?

The Hobbit cannot advise you on how to charge for euthanasia, because he doesn't want to run the risk of falling afoul of anti-competition laws. Suffice to say that The Hobbit advises you to accept cash payments only (or as a last resort, NETS) before the procedure. Installment plans are not advisable and balloon payments are a definite no-no.

In addition, please always provide an itemised bill as per the usual regulatory requirements. Reliable sources say that euthanasia will eventually automatically qualify for Medisave withdrawals when the patient's Medisave account is down to his last 500 bucks as part of our comprehensive and cost-effective chronic disease management programme efforts.

Q: Any other important aspects of euthanasia that you may want to advise the readers on?

Please take a proper consent with a witness at hand. The consent process should be as detailed as possible, just short of getting the patient so frustrated that he'll commit suicide. Also, bundle in an organ harvesting deal so that his organs don't go to waste. Euthanasia/ Organ-donation "double-double" swaps with dead and living relatives of two families can be pursued when appropriate.

One should also adopt a team-based approach and elicit the assistance of the casket companies and various religious groups for post-euthanasia needs.

Patient Satisfaction Surveys can be useful, but they should preferably be conducted before the procedure.

Most importantly, observe international patient safety goals by using at least two patient identifiers and observe hand-washing.

Above all remember, one must always do the right thing and give a full refund when the patient is dissatisfied with the outcome of the procedure. ■

Reference:

1 *Please be advised that if you take these FAQs seriously, you may not benefit from euthanasia because you're probably already brain dead.*