

Press release 10 December 2020

The Finnish Medical Association's stance: good end-of-life care is the most important thing – no to euthanasia

The Finnish Medical Association's Delegate Committee discussed end-of-life care and euthanasia at its meeting on 10 December 2020. The association finds it important that high-quality palliative care and end-of-life care is guaranteed for every patient who needs it. The Finnish Medical Association does not support the legalisation of euthanasia. There were nearly 7,000 responses to the recent survey in which the association's members shared their views on euthanasia. The question of euthanasia divides physicians. The views of physicians on euthanasia have not changed compared to the results of the previous survey, conducted in 2013.

The Finnish Medical Association's Delegate Committee, which met today, decided after a long discussion that the association's stance on euthanasia will not change. The Finnish Medical Association opposes the legalisation of euthanasia and the idea that physicians, as a profession, would be obligated to take actions with the primary goal of hastening a patient's death (physician-assisted suicide).

Opinions of physicians on euthanasia are divided

Half of working-age physicians support the legalisation of euthanasia and half oppose it. The level of support for euthanasia has not changed since the previous survey in 2013.

Based on the recent survey, the improvement of palliative care and end-of-life care is considered important. According to the survey, 57% of working-age physicians either slightly agree or strongly agree that there is no need for euthanasia if sufficient end-of-life care and pain management are provided. Even among supporters of euthanasia, one in five thought that there would be no need for euthanasia if sufficient palliative care and end-of-life care were provided.

Less than half of survey respondents hoped that the Finnish Medical Association would change its stance

The views of respondents on euthanasia have not changed since the previous survey. Opinions on physician-assisted suicide have become more accepting. Of working-age physicians, 45% thought that physicians should be allowed to assist their patient's suicide. A slightly larger share (48%) had a negative view of physician-assisted suicide.

“Even though respondents have become more accepting of physician-assisted suicide, only 40% of respondents hoped that the Finnish Medical Association would change its stance on euthanasia or physician-assisted suicide. Some physicians who support euthanasia did not want the Finnish Medical Association to change its stance,” said **Tuula Rajaniemi**, the President of the Finnish Medical Association.

Experience of treating dying patients makes respondents more critical of euthanasia



The more experience physicians had of treating patients at the end of their life, the larger the share of those who opposed the legalisation of euthanasia. According to the survey, men were more likely to support the legalisation of euthanasia than women.

“In addition to the member survey, we have also discussed the matter extensively in the association’s committees and the ethics committee. Euthanasia and physician-assisted suicide are very difficult issues for physicians when it comes to ethics. The public discussion about the matter continues, and the Finnish Medical Association will continue to discuss the matter with its members and stakeholders,” says **Marjo Parkkila-Harju**, the Chairperson of the Finnish Medical Association’s Delegate Committee.

“A physician’s duty is to provide treatment that is as good and humane as possible as well as to alleviate suffering at the end of a patient’s life by all means available. The most important thing is to provide good end-of-life care regardless of where the patient lives, and to ensure sufficient resources for end-of-life care and develop the expertise of staff,” says **Kati Myllymäki**, the CEO of the Finnish Medical Association.

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More information for editorial offices:

The member survey was carried out as follows:

- The survey presented statements regarding euthanasia and physician-assisted suicide (e.g. “Euthanasia should be legalised in Finland.”).
- The answer options for the statements were: Strongly agree / Slightly agree / Slightly disagree / Strongly disagree / Undecided
- 6,889 members of the Finnish Medical Association responded to the survey (26% response rate).
- Of the respondents, 6,489 were physicians and 400 were medical students. 4,682 of the physicians were of working age (under 65 years of age).
- The information was collected from 23 September to 23 October 2020 through an online survey.
- Similar surveys were conducted most recently in 2003 and 2013.

Survey results:

<https://www.laakariliitto.fi/laakariliitto/tutkimus/palvelujarjestelma-ja-potilas/>



Key concepts:

- **Palliative care** is comprehensive care for the patient that is provided when curative care is no longer possible. It is comprehensive care that supports quality of life and focuses on the alleviation of pain and other symptoms as well as taking physical, social and spiritual needs into account.
- **End-of-life care** is the part of palliative care that takes place when the patient is nearing death, i.e. in the last weeks or months of the patient's life.
- **Euthanasia** refers to a physician deliberately ending a patient's life by administering medication on the basis of a voluntary request by a patient with legal capacity. Refraining from unnecessary and ineffective treatments and stopping them is part of good practice in health care.
- **Physician-assisted suicide** refers to a physician deliberately assisting a person in committing suicide, on the basis of a voluntary request by the person with legal capacity, by making medications available to the person so that the person can take them themselves.

The Finnish Medical Association's stance: The Finnish Medical Association opposes the legalisation of euthanasia. The Finnish Medical Association is also opposed to the idea that physicians, as a profession, would be obligated to carry out procedures with the primary goal of hastening a patient's death (physician-assisted suicide). Shortcomings in the provision of palliative care must not be compensated for with euthanasia or physician-assisted suicide.