We strongly support the message of this Round Table. The dimension of the problem is underlined by a report from the Netherlands that 25,000 persons have asked their doctors for assurance that they will assist them to die if suffering is unbearable (2). We found, as in the Dutch study, that loss of dignity (50-60%) and pain (40-50%) are the main arguments for requests for euthanasia. But both can be mastered. Therefore, we consider euthanasia to be the expression of medical and social inability to realize a basic human right—a death in peace and dignity as the harmonious end of biological life.

To provide an alternative to euthanasia, the first author formulated in 1985 the concept of eubiosis, “the set of qualities that endows life with its dignity”. Eubiosis is considered a human right that permeates man’s existence from the moment he is born until the moment he dies.

In contrast to the worldwide discussions on protection of embryonal life and on the rights of an embryo (including parliamentary debate in Germany), the problem of the dignity of dying is widely ignored by both the medical communities and the media. For this reason in spring 1992 we started in initiative with regard to legislation on “Rights for dying”. We have already collected 1250 signatures pledging agreement with the project in Italy, and we are encouraged to bring this initiative before the Italian and European parliaments. If readers would like to support our activity we should be pleased to hear from them.

Certainly there are different approaches to dying with dignity. We believe that a free and personal decision of the patients about the circumstances of their dying is of fundamental importance. If a patient prefers to die in hospital he should receive our support to find an adequate place there; but if he expresses the wish to stay at home it is then our task to assist him at home, together with his family. Cancer patients in advanced stages experience a fundamental conflict. They want to receive all possible care, which public opinion leads them to believe is available only in a cancer hospital; on the other hand they want to stay at home with their families. We believe the hospital-at-home overcomes this problem and is the optimal approach for dying with dignity.

For the assistance of cancer patients at home we do not advocate a special service aimed exclusively at terminal care; that can be undertaken by general practitioners. Instead, we have developed the hospital-at-home as an approach providing both advanced and terminal patients with highly specialized oncological care outside the hospital. A hospital-at-home is organized along the lines of a conventional hospital. It provides patients with specialized, hospital-standard diagnostic tests and treatment in the comfort of their own homes.

With this approach we achieved a reduction of pain from 30-35% to 5-7% in advanced cancer patients. More than 60% of the patients evaluated this service as better than traditional hospital service, and 70% chose to die at home.

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Holistic approach to health for all

SIR—The greatest improvements in health come from public health measures, environmental improvements, and changes in individual life-styles. The holistic concept of health covers human biology, personal behaviour (life-style), the psychosocial environment, community culture, the medical care system, and the physical environment (both natural and man-made).