

Statement of the *German Association for Palliative Medicine* with regard to the  
**Media Coverage of the Death of the British woman, Diane Pretty**

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Regarding the wide media coverage of the death of the British woman, Diane Pretty, who appealed to the European Court of Human Rights in Strasbourg for the right to euthanasia, the *German Association for Palliative Medicine* would like to make the following statement:

Diane Pretty, who did what she could for the right to euthanasia, died as a result of her incurable neurological illness (motor neurone disease - MND). She, her family, and her lawyer had appealed to the European Court of Human Rights in Strasbourg to gain the right to euthanasia and immunity from prosecution, in order to allow her a dignified death.

Diane Pretty's case appears to be doubtful to say the least, insofar as it is based on the assumption that a dignified death is not possible without the chance of euthanasia. The fact that in the case of Diane Pretty the prospect of an agonizing death by asphyxiation is used as an argument has to be regarded with extreme scepticism, as this horror scenario is extremely unlikely to occur under good palliative care. Recent research results show clearly that most MND patients (more than ninety per cent!) die peacefully and that their families think very highly of palliative treatment and care.

The press coverage, however, is dominated by a choice of words that implies that MND patients "often have to suffer an agonizing death by asphyxiation" (see the German daily newspapers: taz, WAZ, Die Welt) and that "Diane Pretty had to suffer until her dying breath" (i.e. the German magazine FOCUS). Moreover, Diane Pretty's husband is quoted as saying "that she had to go through the one thing she feared most. She died of asphyxiation, and nobody was allowed to help her." Only very few reports pointed out that Diane Pretty had in fact slipped into a coma two days before she died in a hospice, and that her death was described (i.e. in the German daily newspaper, Hamburger Morgenpost) as "completely natural and peaceful" by the senior consultant who looked after her.

The importance and possibilities of good palliative care at the end of life (optimal pain control, alleviation of distressing symptoms, expert advice in matters of ethical concern and psychological and social support) are approved in principle as important preconditions for a dignified death, but they are often ignored – in media reports on sensational cases and by the health care policy. Palliative medicine is not yet an obligatory part of the syllabus for medical students or of the further education for physicians. In order to safeguard the "right to die with dignity" for as many people as possible, we need less of a plea for the legalisation of euthanasia than a political will to establish a better network for the care of the terminally ill and the dying.

(14 May 2002)