Background
- Euthanasia and certain forms of assisted dying are currently legal or decriminalized in just a few countries.
- Organizations concerned about end of life issues have issued several 'declarations' to promulgate their views on assisted dying/euthanasia to draw public attention, and to call for change.
- Several of them make reference to palliative care.
- Little is known about assisted dying/euthanasia declarations and their relationship to palliative care.

Aims
1) To map the emergence and analyse the characteristics of assisted dying/euthanasia declarations in the international context.
2) To establish the representation and framing of palliative care in these declarations.

Methods
Collection of declarations
1) Systematic searches on the internet using the key words: 'assisted dying', 'euthanasia' in combination with 'declaration', 'manifesto', 'charter' and 'statement'.
2) Website scrutiny of associations and organizations involved in advocacy on end of life issues.

Analysis
1) A timeline of palliative and end-of-life care declarations was created.
2) Content analysis was undertaken to identify the geographical scope, originating organizations, format of the documents, and standpoint expressed on assisted dying/euthanasia.
3) References to palliative care were examined for their content.

Results
Timeline
- 62 assisted dying/euthanasia declarations published in English language were identified (1947 to 2016).
- Year of publication was identified for 51 declarations.
- The timeline of 51 declarations suggests a progressive increase in their production.
- Declarations with different viewpoints showed prominence over specific periods of time.

Geographical scope
- Regional 64%.
- National 30%.
- International 6%.

Organizations involved
- Health care: 48%.
- Religious: 27%.
- Political: 5%.
- Pro-assisted dying: 3%.
- Anti-assisted dying: 7%.

Discussion and Conclusions
- The value of palliative care in eliminating suffering at the end of life is recognized in the declarations, whether or not they support assisted dying/euthanasia.
- Despite divided opinions, 'palliative care' forms a significant part of the discussion on legalising assisted dying/euthanasia.
- Declarations against legalising AD/E regard PC as a solution for AD/E requests and offering dignity at the end of life, and those for demand legalising AD/E on the grounds of dignity facilitated by 'autonomy' and suffering that cannot be relieved through PC.

#References to palliative care#

- 41/ Assisted dying/euthanasia (AD/E) declarations made reference to palliative care (PC).

- **Importance**
  - PC is the only way for promoting life and death with dignity.
  - PC is the best approach to uphold the worth of the human person at the end of life.
  - Availability of quality PC will minimise requests for AD/E.

- **Relationship of AD/E to palliative care**
  - AD/E is contrary to the philosophy of palliative care and should not become part of it.
  - There will be need for AD/E if proper palliative and elderly care was guaranteed.
  - Excellent PC should not exclude the right to choose assisted dying.

- **Call for action**
  - To ensure high quality PC access and availability for all.
  - To listen to the voice of PC experts while discussing legalisation of euthanasia.
  - Palliative care should be adequately resourced and its education should be widely promoted.

- **Commitment**
  - To make access to PC a priority.
  - To assist the public in acquiring a better understanding of PC.
  - To help reframe end-of-life care communication to avoid inflammatory language (i.e. "pull the plug").

- **Implications for palliative care**
  - Legalising AD/E will shift focus from improving PC to providing death on demand.
  - PC will be more effective if the option of physician-assisted dying is offered.
  - All possibilities within PC should be explored before offering the option of assistance for ending life.

- **Implications for patients**
  - Non-availability of PC and feeling a burden could pressure people to end their lives.
  - Choosing to hasten death by self-starvation and dehydration should be accompanied by PC.

**Organisations involved**
- Health care: 48%.
- Religious: 27%.
- Political: 5%.
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**National (8) Religious (9) Political (45)**