

COMMUNIQUE FROM THE SUPPORT GROUP FOR A DIGNIFIED ASSISTED DEATH IN URUGUAY (M.A.D.U)

Montevideo, August 5, 2020

In the framework of the treatment of the euthanasia and assisted suicide bill presented by Senator Ope Pasquet, the group supporting an Assisted Death Worthy in Uruguay (M.A.D.U) expresses the conviction that the national legal order must incorporate these rights inherent to the dignity of the human person.

A year ago, M.A.D.U was established with the aim of exploring the international regulations in the matter. During that time, we worked on developing a proposal applied to the national reality. At the same time we collected testimonies from Uruguayans and Uruguayans who, based on personal experiences and relatives or close friends, confirmed the suffering generated by the application of the current legislation, which prevails over the right of people to decide on their own body.

The basic pledge of the Hippocratic oath to "do no harm" has resulted in "Do not kill" in relation to the execution of the euthanasia and not in avoiding the harm of whom suffers terribly painful moments. The progressive advances in legislation national and international guaranteeing individual rights incline us to think in the need to incorporate the right to decide on the final process of life.

The Uruguayan Penal Code, which has not yet been updated consistently since the democratic recovery, includes, thanks to the excellent participation of Dr. Irureta Goyena, the "pious homicide" as a cause of impunity within the text that configures euthanasia as a crime. But its effectiveness is at the mercy of judges' assessment, which does not guarantee the legal certainty of doctors.

In the 2005/2010 legislature, progress was made in defining user rights of the health system, as a way to recognize the rights of people and respect your decisions about managing your own body. Legislation on the possibility of express a desire to dispense with the invasive resuscitation techniques used normally, authorizing the declaration of anticipated will to reject them (law 18,473 of 2009 and Decree 385/013 of 2013). However, it is found that the health system has not complied with the dissemination of this right, which is why years of its sanction is unknown by a large sector of the population.

For the above and understanding that life is a right but not an obligation of the person, we find the debate promoted in the opinion opportune, healthy and necessary public by Cr. Sureda, the Medical Union of Uruguay and the initiative of Dr. Pasquet, about which we have several important nuances and suggestions, but which expresses the will to advance in the modification of an anachronistic legislation that has been checking around the world.

It is also important to bear in mind that a large percentage of the population agrees to regulate euthanasia and assisted suicide, as polls show of public opinion held in the country (including figures in June 2020, and Teams Consultants in May 2020).

We believe that palliative care is essential and very valuable as part of comprehensive health care throughout life, and the law must ensure that they reach the entire population that requires them, a situation that has not yet been complied. This care should always be an option for the patient, but never an obligation that limits their right to stop living. Life is defensible as a priority good always, but when it becomes "no life" for the person, it becomes torture for both her and her emotional environment. Therefore, we believe that palliative care is not opposed to euthanasia or assisted

suicide, when the latter are requested by patients subjected to extreme suffering knowing they will not improve or heal your conditions.

Legislation on euthanasia and assisted suicide, specifying the requirements for them to be executable and providing the greatest guarantees for the patient and for the doctors, forces neither one nor the other to carry out such processes. Nor does it exclude care palliatives necessary while the situation is not decided. The patient can change opinion at any time; the doctor who refuses to practice would have to be able to take refuge in the objection of individual conscience alleging its reasons. A rule of law in a secular country must guarantee the rights of all population, above personal beliefs and honouring individual freedom.

We therefore hope that, with the clear inclusion of guarantees in the legislation for limit eventual discretion of health personnel as well as all kinds of pressure on the patient and himself, Uruguay would go one step further in respect of human rights that express the standards of dignity of the human person.

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