

Recommendation 779 (1976)¹

Rights of the sick and dying

Parliamentary Assembly

The Assembly,

1. Considering that the rapid and continuing progress of medical science creates problems, and may even pose certain threats, with respect to the fundamental human rights and the integrity of sick people ;
2. Noting the tendency for improved medical technology to lead to an increasingly technical- sometimes less humane- treatment of patients ;
3. Observing that sick persons may find it difficult to defend their own interests, especially when undergoing treatment in large hospitals ;
4. Considering that recently it has become generally agreed that doctors should in the first place respect the will of the sick person with respect to the treatment he or she has to undergo ;
5. Being of the opinion that the right to personal dignity and integrity, to information and proper care, should be clearly defined and granted to every person ;
6. Convinced that the duty of the medical profession is to serve mankind, to protect health, to treat sickness and injury, and to relieve suffering, with respect for human life and the human person, and convinced that the prolongation of life should not in itself constitute the exclusive aim of medical practice, which must be concerned equally with the relief of suffering ;
7. Considering that the doctor must make every effort to alleviate suffering, and that he has no right, even in cases which appear to him to be desperate, intentionally to hasten the natural course of death ;
8. Emphasising that the prolongation of life by artificial means depends to a large extent on factors such as the availability of efficient equipment, and that doctors working in hospitals where the technical equipment permits a particularly long prolongation of life are often in a delicate position as far as the continuation of the treatment is concerned, especially in cases where all cerebral functions of a person have irreversibly ceased ;
9. Insisting that doctors shall act in accordance with science and approved medical experience, and that no doctor or other member of the medical profession may be compelled to act contrary to the dictates of his own conscience in relation to the right of the sick not to suffer unduly,
10. Recommends that the Committee of Ministers invite the governments of the member states :
 - a. *to take all necessary action, particularly with respect to the training of medical personnel and the organisation of medical services, to ensure that all sick persons, whether in hospital or in their own homes, receive relief of their suffering as effective as the current state of medical knowledge permits ;*

1. Assembly debate on 28 January 1976 (23rd Sitting) (see [Doc. 3699](#) see [Doc. 3699](#), report of the Committee on Social and Health Questions). Text adopted by the Assembly on 29 January 1976 (24th Sitting).



- b. *to impress upon doctors that the sick have a right to full information, if they request it, on their illness and the proposed treatment, and to take action to see that special information is given when entering hospital as regards the routine, procedures and medical equipment of the institution ;*
- c. *to ensure that all persons have the opportunity to prepare themselves psychologically to face the fact of death, and to provide the necessary assistance to this end both through the treating personnel- doctors, nurses and aids- who should be given the basic training to enable them to discuss these problems with persons approaching the end of life, and through psychiatrists, clergymen or specialised social workers attached to hospitals ;*

to establish national commissions of enquiry, composed of representatives of all levels of the medical profession, lawyers, moral theologians, psychologists and sociologists, to establish ethical rules for the treatment of persons approaching the end of life, and to determine the medical guiding principles for the application of extraordinary measures to prolong life, thereby considering inter alia the situation which may confront members of the medical profession, such as legal sanctions, whether civil or penal, when they have refrained from effecting artificial measures to prolong the death process in the case of terminal patients whose lives cannot be saved by present-day medicine, or have taken positive measures whose primary intention was to relieve suffering in such patients and which could have a subsidiary effect on the process of dying, and to examine the question of written declarations made by legally competent persons, authorising doctors to abstain from life-prolonging measures, in particular in the case of irreversible cessation of brain function ;

to establish, if no comparable organisations already exist, national commissions to consider complaints against medical personnel for errors or negligence in the practice of their profession, and this without prejudice to the jurisdiction of the ordinary courts ;

to inform the Council of Europe of their analytical findings and conclusions for the purpose of harmonising criteria regarding the rights of the sick and dying and the legal and technical means of guaranteeing their application.