

EUTHANASIA - AN ETHICAL DILEMMA

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The right to life is the most natural human right that must be respected, upheld and defended in all moments and situations. Its observance is fundamental to the survival of individuals and, at the same time, of humanity as a whole. In the context of the right to life, the topics such as the death penalty, abortion and euthanasia have long been raised and discuss. (Bednárík, Žuffa, 2018)

The topic of euthanasia is one of the most debated dilemmas in health care. When we talk about anything, it is first required to clearly define terms. The term “euthanasia” is derived from Greek, literally meaning “good death”. Taken in its common usage however, euthanasia refers to the termination of a person’s life, to end their suffering, usually from an incurable or terminal condition. It is for this reason that euthanasia was also coined the name “mercy killing”. (Australian Medical Student Journal, 2012)

Let us remind the reasons why, for example, in Holland, people ask for euthanasia. Pain and affliction is seldom mentioned. Much more often it is: the feeling a sense of abandonment, a sense of loneliness, a sense of loss of meaning in life, a sense of loss dignity, fear of death and dying. Perhaps we can agree that asking form killing and being killed as a result of these difficulties is not a good death. (Bužgová, 2013)

Advocates of euthanasia claim that people have a right to make their own decisions regarding death, and that euthanasia is intended to alleviate pain and suffering, hence being ascribed the term “mercy killing.” They hold the idea that active euthanasia is not morally worse than the withdrawal or withholding of medical treatment, and erroneously describe this practice as “passive euthanasia.” Such ideas are contested by opponents of euthanasia who raise the argument of the sanctity of human life and that euthanasia is equal to murder, and moreover, abuses autonomy and human rights. Furthermore, it is said that good palliative care can provide relief from suffering to patients and unlike euthanasia, should be the answer in modern medicine. (Australian Medical Student Journal, 2012)

If we consider the variant that the sick and suffering person asks for indeed, truly, seriously, and repeatedly ask for an end to his troubled life..., we also uncover many problems. Even if we accept that man has the right to of self-determination, the right to accept or reject his life, we would be laying another question. But does he really have the right to demand of another man the fulfilment of his wishes? Euthanasia, then, is not a private matter, and this because it requires two persons:

one who demands euthanasia and one who carries it out. There is also the not insignificant the complicity of society, which either rejects this way of dealing with a difficult situation, or approves of it.

Most of contemporary authors define the term in accordance with the Dutch model, as follows: It is the deliberate ending of a person's life by another person than the person himself at his own request. The intention is thus set out. Killing, killing and the request of the person to express his autonomy. (Bužgová, 2013)

Acts of euthanasia are further categorised as “voluntary”, “involuntary” and “non-voluntary.”

Voluntary euthanasia refers to euthanasia performed at the request of the patient.

Involuntary euthanasia is the term used to describe the situation where euthanasia is performed when the patient does not request it, with the intent of relieving their suffering – which, in effect, amounts to murder.

Non-voluntary euthanasia relates to a situation where euthanasia is performed when the patient is incapable of consenting. (Australian Medical Student Journal, 2012)

The term that is relevant to the euthanasia debate is “active voluntary euthanasia”, which collectively refers to the deliberate act to end an incurable or terminally ill patient’s life, usually through the administration of lethal drugs at his or her request. The main difference between active voluntary euthanasia and assisted suicide is that in assisted suicide and physician-assisted suicide, the patient performs the killing act. (Australian Medical Student Journal, 2012)

Assisted suicide means the patient dies by his own hand, but with the assistance of by a doctor or other health professional. (Bužgová, 2013)

Physician-assisted suicide refers to a situation where a physician intentionally assists a patient, at their request, to end his or her life, for example, by the provision of information and drugs. (Australian Medical Student Journal, 2012)

Prenatal euthanasia is a debatable concept. It refers to an abortion from social reasons, the so-called unwanted child. Experts are not in agreement with this concept unanimously.

Social euthanasia refers to a situation where the patient only receives reduced care with respect to economic, geographic and educational resources of a given country. Social euthanasia is a problem in developing countries. (Bužgová, 2013)

In the world of practical ethics, individuals seem to agree when it comes to the idea of what is right or wrong, however, people tend to disagree when it comes to the application of ethical ideas. Euthanasia has always been a controversial topic and with regard to this the premodern philosopher, known as Aristotle, did not agree with the concept of this practice. Kant on the other hand held a conflicting perspective. Though he believed that any request for suicide disrespected a person's rational or decision-making abilities, he also believed that an individual's dignity must be respected. Therefore, if a person's rational abilities were going to be compromised by an illness, and this was to impede on one's dignity, then a request for euthanasia was permissible. (EduBirdie, ©2022)

The arguments for euthanasia

Advocates of euthanasia argue that a patient has the right to make the decision about when and how they should die, based on the principles of autonomy and self-determination. Autonomy is the concept that a patient has the right to make decisions relating to their life so long as it causes no harm to others. They relate the notion of autonomy to the right of an individual to control their own body, and should have the right to make their own decisions concerning how and when they will die. Furthermore, it is argued that as part of our human rights, there is a right to make our own decisions and a right to a dignified death.

It is said that relieving a patient from their pain and suffering by performing euthanasia will do more good than harm. Advocates of euthanasia express the view that the fundamental moral values of society, compassion and mercy, require that no patient be allowed to suffer unbearably, and mercy killing should be permissible. (Australian Medical Student Journal, 2012)

Let's stop briefly on the question of whether the patient's request for euthanasia is really an expression of his autonomous decision. Patients in the terminal phase are very vulnerable and easily accept any ideas from others. They feel alienated from the healthy, guilty of being a burden to others, ashamed of their difficulties and weaknesses, full of all kinds of fears. In most their "autonomy" can certainly be questioned, especially when we realize that the goal of therapeutic procedures should be, on the contrary, to give autonomy to the patient to restore autonomy by averting all difficulties, not just physical ones. Although the possibility

of euthanasia is usually dealt with by doctors, nurses are the ones who are close to the patient and hear their cries and often their desire to end their lives. (Bužgová, 2013)

Arguments against euthanasia

Society views an action which has a primary intention of killing another person as inherently wrong, in spite of the patient's consent. Callahan describes the practice of active voluntary euthanasia as "consenting adult killing." It is often argued that pain and suffering experienced by patients can be relieved by administering appropriate palliative care, making euthanasia a futile measure. According to Norval and Gwynther "requests for euthanasia are rarely sustained after good palliative care is established." Active voluntary euthanasia and physician-assisted suicide undermine the doctor-patient relationship, destroying the trust and confidence built in such a relationship. A doctor's role is to help and save lives, not end them. Casting doctors in the role of administering euthanasia "would undermine and compromise the objectives of the medical profession." (Australian Medical Student Journal, 2012)

Euthanasia is directed against the sanctity and sanctity of human life. It is not in line with traditional medical ethics. The suffering of an individual elicits compassion and care from loved ones, hastening the death of the suffering deprives those around him of this great value. Society may begin to look at life only from the perspective of success. There is a danger of abuse and a great increase in requests of suffering people asking for this help, there is an abuse of other people's interests under the notion of a voluntary decision to die. There may be a loss of readiness and courage to bear suffering, care for the sick and elderly is lost, other society's perspective in accepting the old, the sick, the weak and the disabled. (Bužgová, 2013)

Religious and euthanasia

Regarding the religious attitude towards the issue of euthanasia, the Catholic Church in particular is to this day categorically opposed to any form of euthanasia because God forbids man to dispose of his life in this way. Although the Vatican declared in 1980 that if there is no hope for the patient's recovery, stopping treatment does not condemn, but the Eleventh encyclical of John Paul II, entitled *Evangelium Vitae*, opposes euthanasia under any in all circumstances. Other religions such as Judaism, Islam and Buddhism feel similarly. (Bednárik, Žuffa, 2018)

Difference between suicide and euthanasia

Both represent a voluntary departure from the world, but one is legally non-punishable and the other is punishable. The difference is that a person who voluntarily chooses to leave this world by suicide does so alone, without the help of anyone else. There is no one to punish for this act, there is no personified culprit. Euthanasia, on the other hand, is a voluntary abandonment world, but the person who chooses to do so needs the help of another. It is in everything he is dependent on others for everything, he is usually incapable of any activity himself. It is right to ask the question: What is actually ethical, to help a man to fulfil his last wish or to wait until he can reach the other shore naturally? It is probably best to imagine to imagine oneself, on the one hand, in the situation of a sick person dependent on his surroundings and on the on the other hand, in the position of a person who represents the patient's surroundings, i.e. the closest relatives or friends. In the first case, I would probably personally long for the possibility of euthanasia. It is difficult to imagine a situation in which I am dependent and totally dependent on outside help, distressing and unwanted, but I don't think any of us would want to suffer. Suffering and pain, however, can also cause a certain psychological state in which one is unable to make rational decisions about his fate. (Bužgová, 2013)

Legalising euthanasia

Arguments supporting euthanasia laws presuppose a world of ideal hospitals, doctors, nurses and families. But we don't live in an ideal world. We live in a fallen world where humans make mistakes and have selfish motives. For this reason, legalisation of euthanasia holds a number of risks. We cannot be sure that euthanasia, once legalised and socially accepted would remain voluntary.

With euthanasia legalised, would we remain a caring society ready, in times of financial constraint, to continue to invest money and resources into attempts to improve the care of the terminally ill? Palliative care is expensive and becoming more so as patients survive longer and develop more complex problems. It is a very labour intensive discipline. Public opinion can be influenced once a law is changed. Is this what we want? I believe western medicine has progressed as far as it has because we do value all human lives and continue to seek cures for the diseases which afflict us. (CASE, The Ethical Dilemmas of Euthanasia, 2010)

Conclusion

Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering. A person who undergoes euthanasia usually has an incurable condition. But there are other instances where some people want their life to be ended. The term Euthanasia is derived from the Greek word euthanatos which means easy death. This topic has been at the centre of very heated debates for many years and is surrounded by religious, ethical and practical considerations.

Some people think that euthanasia shouldn't be allowed, even if it was morally right, because it could be abused and used as a cover for murder. It's not euthanasia to give a drug in order to reduce pain, even though the drug causes the patient to die sooner. This is because the doctor's intention was to relieve the pain, not to kill the patient. This argument is sometimes known as the Doctrine of Double Effect.

Most people think unbearable pain is the main reason people seek euthanasia, but some surveys in the USA and the Netherlands showed that less than a third of requests for euthanasia were because of severe pain. Terminally ill people can have their quality of life severely damaged by physical conditions such as incontinence, nausea and vomiting, breathlessness, paralysis and difficulty in swallowing. Psychological factors that cause people to think of euthanasia include depression, fearing loss of control or dignity, feeling a burden, or dislike of being dependent. (Bužgová, 2013)

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