

Is euthanasia our future?

Introduction

If a person is given the grace of coming into the world, then in the law, at some point in time, his death must come. The birth of a person and the arrival of a new soul is always a miracle and happiness, but its disappearance has been associated with pain and suffering for thousands of years. From the time man becomes an understanding creature, he becomes aware of his mortality. And death itself is the certainty of every man. Do you think that man looks forward to death? Do you look forward to death? I don't. Death is not pretty and never has been. But could it be in the future? Could we choose when and how we end our life in this world? Could we look forward to death and not fear the pain of dying when it is absolutely certain for a person to die?

The answer to these questions lies in the voluntary end of life in euthanasia, which I will try to approach in this essay. I will present arguments that are currently for and against killing on request from the perspective of the ethical behavior of society. The aim will be to find out if our society is mostly ready to accept euthanasia as part of normal life.

Euthanasia

For the purpose of this essay, in the first place it is necessary to introduce the term euthanasia, which is not unambiguous and is often defined differently in much of the literature and by experts. The diversity of it is related to the life of mankind and its history. Simply explained, the concept of euthanasia, or rather the voluntary ending of life, has been with us since we became aware of our mortality, that is, for thousands of years.

Let us distinguish several terms related to euthanasia according to (Kuře 2018):

- **Euthanasia** – the word comes from the Greek euthanatos that is death more accurately etymologically a good death. Euthanasia as a good death stands completely outside the reach of (natural and medical) science. Which is one of the reasons why current scientific medicine cannot cope with it. Contemporary medicine may already try to take quality of life into account, but the good death still remains scientifically untouchable for it (Rijo 2018).
- **Dysthanasia** – the word also comes from Greek where the prefix dys means the opposite of good and the meaning of the word is therefore a bad death or also an ungood death. When we use this term, we achieve the designation of the way one should not die – a botched dying, an unkind death. It is a practice that goes against the principle of medical reasonableness.
- **Voluntary euthanasia** – death by medical request. A physician by medical means (lethal dose of poison or drug) kills a competent patient who has requested the killing from a particular physician and thus undergoes the process voluntarily (Sagel 1986).

- **Non-voluntary euthanasia** – unwanted and involuntary death at the hands of a doctor. The opposite of voluntary euthanasia, where the doctor uses means to kill an incompetent patient who does not require euthanasia because he or she is not yet competent (newborn, young child) or is no longer competent (patient in a coma or in a state of severe dementia). It is killing a person who cannot ask for death and also killing a person who is undergoing death involuntarily, and so the patient's decision is not autonomous. The motivation for such termination may be the clinician's interpretation of what is good for the patient - the patient's best interests.
- **Forced euthanasia**– an unwanted and involuntary death at the hands of a medical practitioner, unlike the preceding, bears additional marks of disrespect and duress – the doctor medically kills a competent patient without inquiring into the patient's will to die. If the patient wants to live, his right to live cannot be overridden and nullified by someone else's opinion.
Because it involves killing a patient who may not have wanted to die in the first place, I would classify this form of euthanasia under murder. Sadly, some authors do not distinguish this act from murder. This is a brutal disregard for human beings and their freedom. But unfortunately, things like this are happening in the world today, and not just under Nazism, as some authors refer to.
- **Active euthanasia**– the killing of a patient by the direct action of the doctor by his active behavior. For precision and clarity, the term voluntary active euthanasia is often used precisely because of the emphasis on the patient's activity, who explicitly requests euthanasia (Julesz 2016).
- **Passive euthanasia**– death caused by inaction, we can include here many procedures such as not resuscitating as well as switching to palliative treatment. The concept of passive euthanasia is based on the belief that the patient died as a result of the physician's inaction, not as a result of pathology caused by disease (Brassington 2020).

If we carefully read all the concepts listed, they will always result in death. But it has never been, and never will be, that simple. There will always be voices both against and for euthanasia, and the opinions of experts will vary. The opinions of doctors, medical staff, patients and family members will always differ. Euthanasia will never be a decision between two people – the patient and the doctor. Yes, there is always only one attending physician and only one patient, but the patient has a family and the physician has a support staff or medical doctor with whom he or she rotates shifts. So the result may be death, but at what cost?

I will present several different views on euthanasia:

Against euthanasia

According to Dostálová (2016), the first reason why many experts oppose euthanasia is the social danger to which the doctor's decision about the life and death of the patient would be

directed. She also mentions the distress of the patients who, in her opinion, felt at the mercy of such a decision.

Next, we can look at the arguments against euthanasia and divide them into smaller subgroups (Cohen, Wellman 2005):

- Ethical
 - By accepting euthanasia, we accept that some lives (the lives of the disabled or sick) are of less value than others.
 - Voluntary euthanasia is the beginning of a slippery slope that leads to involuntary euthanasia and the killing of people who are considered undesirable.
 - Euthanasia may not be in a person's best interest.
 - Euthanasia affects the rights of other people, not just the rights of the patient.

- Practical
 - Proper palliative care makes euthanasia unnecessary.
 - There is no way to properly regulate euthanasia.
 - Allowing euthanasia will lead to a deterioration in care for the terminally ill.
 - Allowing euthanasia undermines the commitment of doctors and nurses to save lives.
 - Allowing euthanasia will discourage the search for new cures and treatments for the terminally ill.
 - Euthanasia undermines the incentive to provide good care for the dying and good pain relief.
 - Euthanasia gives doctors too much power.
 - Euthanasia puts vulnerable people under pressure to end their lives.
 - Moral pressure from selfish families on elderly relatives.
 - Moral pressure to free up medical resources.
 - Patients who are abandoned by their families may feel that euthanasia is the only solution.

- Historical
 - Voluntary euthanasia is the beginning of a slippery slope that leads to involuntary.
 - Euthanasia and the killing of people who are deemed undesirable.

- Religious
 - Euthanasia is against the word and will of God.
 - Euthanasia weakens society's respect for the sanctity of life.
 - Suffering can have value (Grove, Lovell, Best 2022).

"The experience of death, contrary to what many people believe, will be increasingly painful. The coming euthanasia will make it more rather than less painful, because it will emphasise personal choice in a way that in earlier times was numbingly alien to the whole issue of

dying. It will make death even more subjectively unbearable, as people will feel responsible for their own deaths and morally obliged to deprive their relatives of their unwanted presence. Euthanasia will exacerbate all the problems its proponents think it will solve."
René Girard Philosopher

Summarizing the various reasons against euthanasia, several perspectives emerge that I must discuss as a medical professional. Euthanasia is not needed, as alternative treatments are available, be it palliation or hospice care. We don't have to kill the patient to kill the symptoms, after all pain can be relieved and there are a lot of different drugs in the world that can successfully control pain.

With the assumption that patients would gain the right to die, wouldn't that impose a duty on doctors themselves to kill? Doctors don't want that! A doctor is supposed to treat under the Hippocratic oath, and that means that he will perform medical acts in the interest and for the benefit of the patient and will never give anyone lethal means. A doctor is also only human. How can he live knowing that he can kill people? If someone took the path of the doctor of death, wouldn't their social status decline? He would be popular with his patients because he would put them out of their misery, but with the staff I daresay he would be in the position of executioner and nobody was very friendly with that in times past. Who would want to do that job?

If we look through the eyes of a patient who would come to the right to die after euthanasia is approved, and think about it, wouldn't he or she then also get the duty to die? I think that ending some people's lives would only lead to the transfer of suffering to other ones who would be targeted to be next. Lonely elderly people would be the first in line for euthanasia, because they don't want to bother anyone anymore. And the transfer of grief would be followed by the lonely neighbours of these elderly people, because they wouldn't really have anyone anymore. The approval of euthanasia would be a wave of enormous sadness.

For euthanasia

"We have no control over how we come into the world, but at the end of life we should have control over how we leave it." Patrick Stuart Patron of Dying with Dignity

Ptáček, Bartůněk (2012) argue the need for euthanasia on several points:

- Legal arguments
 - The right to die should be a matter of personal choice. We can choose different things in life, so should the choice of death.
 - Death is a private matter, and as long as there is no harm to others, the state or other people have no right to interfere.

- Practical arguments
 - Allowing people to die can free up scarce resources in the health sector
 - Euthanasia happens anyway and always has, so why not just start regulating it?

- In other countries such as Luxembourg, the Netherlands and Belgium, euthanasia is allowed under certain conditions – so why can't it be allowed here?
- Philosophical arguments
 - Euthanasia meets the criterion that moral rules must be universal.
 - Is death a bad thing?

There are fewer arguments for euthanasia than those that do not accept it. Yes, but aren't they stronger? Modern medicine seeks to prolong the life of the patient at any cost, it is the obsession of modern life. But what if someone doesn't want it? Such a person should have the right to decide that they have had enough of the world and no longer want to go through the misery.

Example from practice: in my work I meet oncology patients every day who are at different stages of the disease and, of course, at different stages of coming to terms with the diagnosis. I see hope in the eyes of the young, and reconciliation in the eyes of the elderly, but what bothers me the most are the decrepit ones, who usually don't even know what is happening and where they are. A PET/MR scan involves injecting a radiopharmaceutical into a vein, which is not easy to find in cancer patients. Often the nurse has to look for a solid vein that won't burst under more pressure, and so even at the start such a patient is tormented by several attempts at punctures. When we manage to secure the venous entry and inject the substance we let the patient rest in peace. And this is often very challenging for such patients. The patient should not move, so that the radiopharmaceutical does not embed itself in the active tissue, which is always formed when the muscles contract (the principle of this examination is to capture the metabolically active body-tumor mass). I often see such a patient struggling on the bed, because his whole body is aching and painful. Then comes the most important part – the full body scan. The patient is lying in a magnetic tunnel and the signals from his body are transmitted to the computer by sensors. Not to mention the construction-like noise the MRI makes. Wouldn't it be better to decide not to torture these patients? Let them live out their lives as they see fit? Even if they choose death because the doctor's duty to treat them is more distressing? For such patients, I would choose the choice of euthanasia.

Another example from my job that relates to the possibility of voluntary death is suicide. Every day someone is brought to our teaching hospital who has attempted to take their own life. One view is that they fail and have an even harder life than they had before. Or if they do manage to save their life, they will always have a record of being under psychological supervision. Afterwards, their suicide attempt fails and they have consequences. An example arises of a patient whose brain is fully functioning but whose spinal cord is so damaged that the person can only manage to roll their eyes ... and cry. What kind of life is that? Isn't it better for such a patient to choose to leave voluntarily?

Let's think about suicide in financial perspective. A patient tries to take his own life, hours are spent working to save him, a huge effort is made by many people, a lot of medical material and energy is expended... and the patient dies. Wouldn't that money be better

spent elsewhere where it's needed if this patient was going to die anyway. Why isn't there some way to relieve such hardship for these people?

Conclusion

In this essay, I have explored the ending of human life on demand, or euthanasia. Using arguments that lean towards the approval of euthanasia and their opposition to euthanasia, I have attempted to summarize society's current awareness of this medical procedure. And to conclude whether voluntary ending of life can be accepted, approved and included in normal human life in the future. With the prevailing views against the approval of euthanasia, I conclude that our society is not yet ready to accept euthanasia. Therefore, I would like to summarize a few thoughts that came up while I was writing this paper that led me to a negative conclusion. I think that there is no need for a law to legalize euthanasia, the main current point is to provide quality palliative treatment and to support all those who would like to care for the sick, whether it is the family or health professionals. With quality treatment and facilities, the sick would be better off in hospitals and at home and we would achieve a dignified end of life for whoever needs it.

However, my personal opinion is still in favour of support for euthanasia, but only under certain conditions, which our society is currently unable to achieve. I hope that in the future it will be. The urgency of this issue will increase in our society as the population on our planet grows and medicine makes great progress in prolonging life, for this very reason the population is aging and dying will become more difficult.

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