**End-of-Life Decision Making**

**Introduction**

A lot of people have this concept in their subconscious, but many do not know how to define euthanasia. I think it is more than important to clarify it. In books, publications, and articles, we find many definitions and explanations that vary. Euthanasia has been encountered throughout history. Without a doubt, the word comes from Greek. It consists of two parts. Eu, which translates as good, and Thanatos, which means death. So it can be translated as a good death, it is also translated as a death that is merciful, easy, and beautiful. However, terminologically, the concept of euthanasia is seen as compassionate killing. The simplest definition is death by request. Euthanasia allows for the deliberate killing of a patient with a terminal illness at his or her own request to shorten his or her suffering. Euthanasia is legal in the Benelux, Colombia, Canada, and New Zealand. It was last legalised in Spain last March (Fontalis [online], 2018; Volkenand [online], 1998).

Assisted suicide is another possible form of ending life in terminal illness. Death affects all of us, but it is not talked about much. Should we have the right to a merciful death at the hands of a physician in the final stage of life and decide our own death? There are advocates and opponents of euthanasia among doctors, and the situation is similar in society. Sixty-seven percent of respondents were in favour of the right of terminally ill and suffering people to die voluntarily with the help of a doctor. Twenty-seven per cent opposed it. Unlike in the Netherlands, Belgium, Luxembourg and some American states, euthanasia is a criminal offence in the Czech Republic and is treated as murder (Fontalis [online], 2018; Volkenand [online], 1998).

However, according to some doctors, so-called passive euthanasia has been long part of medical practice. Assisted dying is a far more peaceful option for leaving life than the drastic suicides of the terminally ill and inhumanly suffering. The physician, as a member of the established committee, should be able to comply with such a patient's reasonable free wish without exposing himself to criminal sanctions (Fontalis [online], 2018; Volkenand [online], 1998).

**Chapter 1: Euthanasia**

The Netherlands became the first European country to legalise euthanasia in 2002. The law on assisted suicide came into force there on 1 April 2002. This end-of-life option has reportedly begun to be abused by doctors. This should have been the case for three people suffering from Huntington's disease and one person with Alzheimer's disease who were supposed to have died because of euthanasia in the Netherlands (Rietjens [online], 2009).

However, not only does Dutch law not allow euthanasia to be carried out on such sick persons, but the persons in question should not even have been at a stage of their illness that would have allowed euthanasia. However, the doctors who carried out these procedures went unpunished, even though Dutch law allows for a prison sentence of up to twelve years for violating the law on assisted suicide. Because the number of registered cases of euthanasia in the Netherlands has fallen for the fourth consecutive year, there has also been speculation that doctors performing euthanasia are failing in their legal obligation to report every such procedure. This practice has been confirmed by an independent study carried out in the Netherlands, according to which only 54 per cent of euthanasia cases are registered (Rietjens [online], 2009).

Belgium is the next country in Europe where is euthanasia legal. The Belgian legislation provides a different procedure for those patients seeking to end their lives by euthanasia. In Belgium, only people who are terminally ill and who are subjected to constant unbearable and uncontrollable psychological or physical suffering can accept death at the hands of a doctor. Applicants for death at the hands of a doctor must be of legal age and of sound mind. They must also be informed of their medical condition and their hopes for a cure. Anyone wishing to undergo euthanasia in Belgium must ask for euthanasia twice in advance and be deeply aware of the consequences of this request. If the person making the request is not in the final stage of illness, a medical opinion must also be drawn up on his state of health and prognosis. In addition, any euthanasia carried out must be notified to a special committee set up for that purpose, which will then examine whether the doctor who carried out the euthanasia acted in accordance with Belgian law. That committee is made up of four doctors, four professors of medicine, four lawyers and four persons who are in contact with terminally ill patients (Smets [online], 2010).

The first task of this commission was to draw up a special form which each of the doctors would have to fill in and send to the commission after the euthanasia had been carried out. This form has two parts, and in the first part the doctors are required to indicate the identity of the patient and the persons consulted. In the second part, the doctor describes the diagnosis and the patient's suffering and must also state to the Board how he or she has ensured that the person requesting euthanasia has done so voluntarily, knowingly and free from the influence of external circumstances. The doctor is also required to describe in this section the euthanasia process itself. The first part of the form remains anonymous to the Board until it has doubts about the legality of the euthanasia thus reported. Only in that case is the Commission entitled to consult the first part of the form. In the first year of the law's entry into force, 170 people were euthanised in Belgium; by June last year, the figure stood at around 400 (Smets [online], 2010).

However according to Belgian experts these figures are misleading, and the actual figure is about two to three times higher. The tendency to conceal the performance of euthanasia is said to lie mainly with older doctors who fear a negative reaction from those around them. According to one of the members of the above-mentioned committee overseeing the practice of euthanasia, it has turned out that the legalisation of euthanasia has not caused any disaster in Belgium, nor has it led to the automatic killing of people on demand, as many of its opponents had feared (Smets [online], 2010).

After the Netherlands and Belgium, Luxembourg has become the third country in Europe to allow euthanasia. According to AFP, a newly published Luxembourg law says doctors who perform euthanasia and assisted suicide will not face criminal penalties (Banovic [online], 2014).

Portugal is the seventh country in the world to provide terminally ill sufferers with the option of ending their lives with the professional assistance of a doctor. The approved law allows people over the age of 18 to request help to end their lives if they are terminally ill. However, the condition is that such people must not be deemed mentally incapable of making such a decision. This option of assisted dying applies only to Portuguese citizens and to persons legally resident in the country (Alves [online], 2022).

The aim of this provision is to prevent people from travelling to Portugal with the intention of ending their lives with medical assistance. The Portuguese Parliament has already voted on the legalisation of euthanasia in May 2018. At that time, however, MPs rejected the legislative proposals put forward (Alves [online], 2022).

The possibility of deliberately killing a terminally ill patient at his or her own request to shorten his or her suffering, so-called euthanasia, is illegal in most countries. In Europe, it is legal only in Belgium, Luxembourg, and the Netherlands. Some countries in the world, such as Switzerland, allow assisted suicide, i.e., suicide carried out with the help of another person (Alves [online], 2022).

In Canada, euthanasia has been legal for terminally ill adults since 2016. However, the current practice already goes too far beyond the law in Canada, with people being put to death even for trivial ailments. For example, the media recently highlighted the case of Alan Nichols, a sixty-one-year-old Canadian who was hospitalized for a high risk of committing suicide. After a month's stay in hospital, he requested euthanasia, citing hearing loss as the reason. Doctors killed him despite his family's disapproval. Nichols' family then filed a criminal complaint on suspicion of murder. Some activists claim that Canada is failing to meet its human rights obligations by allowing euthanasia to be performed on people who do not suffer from a terminal illness (Emanuel [online], 2016).

**Chapter 2: Assisted suicide**

Assisted suicide is another way of voluntarily leaving the world. This differs from the former in that the person assisting the suicide merely prepares the conditions for the client to carry out the suicide. For example, the preparation of the substance that will kill the person. However, the person must drink or otherwise administer the lethal cocktail himself. Assisted suicide can be used to leave the world in Switzerland, for example, but also in our neighbours in Germany (Svenaus [online], 2021).

According to statistics, many terminally ill people from countries where assisted suicide is not permitted choose to carry it out mainly in Switzerland, which has allowed this option as a dignified end to life since 1942. Helping such a person to carry out his or her last wishes is not then classified as a criminal offence (Svenaus [online], 2021).

Last year, a 3D-printed "suicide capsule" was introduced and passed legal review in Switzerland, potentially clearing the way for the technology to be used in clinics there. Assisted suicide is now carried out in Switzerland by providing a range of fluids that, if ingested, will end life. In contrast, the casing, which can be placed anywhere, is filled with nitrogen, which rapidly reduces oxygen levels once activated. This process causes the person inside to lose consciousness and die in approximately 10 minutes. The suicide module is activated from the inside and also has an emergency exit button (Steck [online], 2018).

In Germany, euthanasia is strictly limited. The law, as in many other countries, provides for the possibility of disconnection from the machines if the patient in question has clearly stated at what point he or she no longer wishes to be kept alive. Assisted suicide is also permitted in certain cases. For example, when a seriously ill person who is ready to die is given a life-ending drug by a relative. But the sick person must take it himself (Svenaus [online], 2021).

On the other hand, active assistance to death at the request of another is punishable by up to five years' imprisonment. Assisting suicide is also punishable if it is not a one-off but a repeated case (Svenaus [online], 2021).

**Chapter 3: Different views**

The Church's view on the issue of euthanasia is negative. The Church's position is based on the Bible and the Ten Commandments, which were created by God for people to act in accordance with Him. Failure to observe even one commandment is seen as contempt for God. In the Ten Commandments, number 5 states, "Thou shalt not kill!" This means that a person will act in such a way that his actions will not end his life or the life of another. Human life is sacred (Quaghebeur [online], 2009).

Proponents of euthanasia most often argue that a person has the right to both life and death. A person is free and can decide what to do with his or her life. And one can decide for oneself how one wishes to end one's life. But it must be remembered that the autonomy of the will of one must not limit the autonomy of the will of another. The positive arguments for euthanasia also mention the right of a person to die with dignity. Every person would like to die with dignity. This means that he would want to spend his last days in this world in tolerable conditions (Quaghebeur [online], 2009).

Interestingly, it is healthy people who are most likely to speak out in favour of euthanasia. A person's opinion changes as he or she develops. He would agree to euthanasia now, but it is also possible that when he reaches a situation where his life is coming to an end, he will change his mind and want to live. Advocates of euthanasia often state that it is about helping the dying person from their pain and suffering. Ending the life of a sick person can be a release, but we also need to think of their loved ones, relatives, families and of course friends (Quaghebeur [online], 2009).

When euthanasia is discussed, it is automatically assumed that it will be performed by a doctor. For doctors, the idea of euthanasia may be contrary to their beliefs. But most importantly, it goes against the Hippocratic Oath. A physician is trained to treat the sick, to help them, to give them the best care while relieving their pain. It is to pain relief that the proponents of euthanasia refer. That pain relief is in his job description. But the Hippocratic Oath states that he must not administer poison to the sick (Quaghebeur [online], 2009).

If you ask if anyone would consider ending their life by euthanasia, assuming of course that they should die in suffering and pain, most people will tell you yes. But if you ask them if they would be willing to euthanize a loved one at the request of a loved one, their answer is already in the negative. But if euthanasia were to be considered, there must also be someone to carry it out (Quaghebeur [online], 2009).

Advocates of euthanasia are outraged that in some countries it is a criminal offence for a person not to save the life of a suffering animal and at the same time to save the life of a suffering human. They say there is no difference between human and animal, human animals and non-human animals are the same, animal rights are human rights. The answer is simple. There is a difference between human and animal. A human being, unlike an animal, has freedom, is open to ethical action (Ryane [online], 2022).

An animal, as far as is known, does not plan, lives in the present moment, does not ask questions about the meaning of its life, and does not know that it is dying. Putting them down is therefore a logical way of reducing their suffering. Man, on the other hand, plans, is aware of the existence of himself and his future, and of the fact that he will die one day. One cannot, therefore, simply draw an equation between animal and man without further comment (Ryane [online], 2022).

**Conclusion – Euthanasia in Czech Republic**

In the opinion of the Czech Medical Chamber, medicine should always help and never harm. Current medicine can numb pain, what it cannot do, of course, is numb psychological and emotional pain. The MPs in the Czech Republic can decide on euthanasia as they wish, but this is populism. Euthanasia contains not only an ethical problem, but also a legal problem. The Czech public is clearly ready for euthanasia. Surveys regularly show that citizens support it. From a legal perspective, euthanasia is not clearly defined.

There is no law that deals directly with euthanasia. The law defines the attitude towards human life and the criminal law in the case of intentional and unintentional killing of a human being. The number of seriously ill people who have benefited from assisted suicide at a Swiss clinic is increasing. Most of the suicide tourists heading to the Swiss Confederation come from Germany and the UK. Czechs are also in the top 20 of the statistics.

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