

Euthanasia as the ethical dilemma

Bc. Vendula Ševčíková

Essay
2022



Univerzita Tomáše Bati ve Zlíně
Fakulta managementu a ekonomiky

TABLE OF CONTENTS

INTRODUCTION	3
1 DEFINING EUTHANASIA	4
1.1 TYPES OF EUTHANASIA	5
2 INTRODUCTION TO AN ETHICAL DILEMMA.....	6
2.1 SAFEGUARDS OF EUTHANASIA.....	6
2.1.1 Voluntary, written Consent	6
2.1.2 Mandatory reporting.....	7
2.1.3 Only by physicians	7
2.1.4 Second opinion and consultation	7
2.2 ARGUMENTS FOR EUTHANASIA	8
2.2.1 Rights-based argument.....	8
2.2.2 Beneficence	8
2.2.3 Argument of poor quality of life	8
2.3 ARGUMENTS AGAINST EUTHANASIA.....	9
2.3.1 Hippocratic Oath	9
2.3.2 Not following safeguards	9
2.3.3 The sanctity of life	10
2.3.4 Euthanasia as murder	10
2.3.5 Abuse of autonomy and human rights	10
CONCLUSION	11
REFERENCES.....	12

INTRODUCTION

Euthanasia is very challenging topic.

While for some people euthanasia is a manifestation of the individual's autonomy at par with a responsible control of one's destiny, a compassionate responsiveness to someone's immense suffering or a clinical imperative to act in the patient's best interest, for other people euthanasia is tantamount to or merely a euphemism for killing, the violation of a human life and an infringement of the human right to life (Kuře, 2011).

Euthanasia and assisted suicide are among the biggest moral problems we currently face, in my opinion.

As a nurse who has witnessed numerous patients pass away peacefully when they could have easily suffered harm and pain, euthanasia is a subject that personally interests me strongly. I am eager to learn more about it and to study all arguments for and against it.

I am aware, that many people think legalizing **euthanasia** would help alleviate suffering of terminally ill patients. Today, however, we have excellent palliative care, including pain management and fantastic end-of-life care.

There is many pros and cons to be considered if we speak about legalizing euthanasia.

And in this essay, I'd like to introduce a few of them.

1 DEFINING EUTHANASIA

The word „euthanasia“in Classic Greek means „good death“ and as Mr. Kuře (2011) state, from an etymological point of view, it is obvious, that euthanasia is not primarily about something specific as administrating a deadly injection upon patient’s request but about a concept of a „good death“.

There are many different ways to define euthanasia.

John Keown (2018) defines euthanasia as „gentle and easy death “.

MU School of Medicine (2022) describes euthanasia as the practice of ending the life of a patient to limit the patient’s suffering. The patient in question would typically be terminally ill or experiencing great pain and suffering.

National Health Service (2022) says that euthanasia is the act of deliberately ending a person's life to relieve suffering.

For example, it could be considered euthanasia if a doctor deliberately gave a patient with a terminal illness a drug they do not otherwise need, such as an overdose of sedatives or muscle relaxant, with the sole aim of ending their life.

Assisted suicide on the other side is the act of deliberately assisting another person to kill themselves. If a relative of a person with a terminal illness obtained strong sedatives, knowing the person intended to use them to kill themselves, the relative may be considered to be assisting suicide.

Therefore, there is a huge difference between euthanasia and assisted suicide as in euthanasia, the act of killing is carried out by an assisting person, while in assisted suicide the suicide is carried out by the self-killer himself (National Health Service, 2022).

Common conditions which make patients to seek euthanasia are terminally ill cancer patients, acquired immune deficiency syndrome (AIDS) and other terminally ill conditions where there is no active treatment. Factors which are responsible for decision making are classified into physical and psychological factors. Physical conditions that affect the quality of life in these patients are unbearable pain, nausea and vomiting, difficulty in swallowing, paralysis, incontinence, and breathlessness. Psychological factors include depression,

feeling a burden, fearing loss of control or dignity, or dislike of being dependent (Annadurai, Danasekaran and Mani, 2014).

To date, euthanasia is legalised in several countries as Netherlands, Belgium, and Luxembourg, assisted suicide is legal in Switzerland and the United States of Oregon, Washington, and Montana (Ebrahimi, 2012).

1.1 Types of Euthanasia

Euthanasia may be voluntary, non-voluntary and involuntary.

Voluntary euthanasia means, that the euthanasia is conducted with consent. Voluntary euthanasia is currently legal in Australia, Belgium, Canada, Colombia, Luxembourg, The Netherlands, Spain, Switzerland, and New Zealand. It is also legal in the U.S. states of Oregon, Washington D.C., Hawaii, Washington, Maine, Colorado, New Jersey, California, and Vermont.

Non-voluntary euthanasia is when euthanasia is conducted on a person who is unable to consent due to their current health condition. In this situation, the decision is made by another appropriate person, on behalf of the individual, based on their quality of life and **involuntary euthanasia** is performed on a person who would be able to provide informed consent, but does not, either because they do not want to die, or because they were not asked. This is called murder, as it's often against the person's will (Brazier, 2022).

There is also difference between **passive** and **active euthanasia**.

The distinction between active and passive euthanasia is thought to be crucial for medical ethics. The idea is that it is permissible, at least in some cases, to withhold treatment and allow a patient to die, but it is never permissible to take any direct action designed to kill the patient. This doctrine seems to be accepted by most doctors, and it is endorsed in a statement adopted by the House of Delegates of the American Medical Association (Silbergeld Jecker, Jonsen and Pearlman, 1997).

2 INTRODUCTION TO AN ETHICAL DILEMMA

What should we do if a member of our family or a close relative asks us to help them escape their misery because they have a terminal illness with no possibility of recovery and chronic pain?

Does the person have the right to choose their own destiny?

Euthanasia is one of the greatest moral dilemmas and debates about legalisation of euthanasia can be found in many resources.

Debates about the moral dilemmas of euthanasia date back to ancient times. Many of the historical arguments used for and against the practice remain valid today.

Although euthanasia or assisted suicide have been practiced for at least two millennia, the current scholarly debate about assisted dying began to take shape in the 1950's and 1960's.

Thanks to a confluence of developments during that period, death became increasingly medicalized, and the time or manner of a person's death fell more and more under human technological control. Nowadays, more deaths occur due to choices made near the end of life (Cholbi, Varelius, 2015).

2.1 Safeguards of euthanasia

Euthanasia has been legalised in small number of countries and states. In all jurisdictions, law, safeguards, criteria, and procedures were put in place to control the practices, to ensure societal oversight, and to prevent euthanasia and pas from being abused (Pereira, 2011).

Some criteria and procedures are common across the jurisdictions; others vary from country to country.

2.1.1 Voluntary, written Consent

In all jurisdictions, the request for euthanasia must be voluntary, well-considered, informed, and persistent over time. The requesting person must provide explicit written consent and must be competent at the time the request is made. For every 5 people euthanized, one is euthanized without having given explicit consent (Pereira, 2011).

2.1.2 Mandatory reporting

Even though the reporting is mandatory in all the jurisdictions, this requirement is often ignored. In Belgium, nearly half of all cases of euthanasia are not reported to the Federal Control and Evaluation Committee. Legal requirements were more frequently not met in unreported cases than in reported cases: a written request for euthanasia was more often absent, physicians specialized in palliative care were consulted less often, and the drugs were more often administered by a nurse. Most of the unreported cases involved acts of euthanasia, but were not perceived to be “euthanasia” by the physician (Pereira, 2011).

2.1.3 Only by physicians

The involvement of nurses gives cause for concern because all the jurisdictions, except for Switzerland, require that the acts be performed only by physicians. In a recent study in Flanders, 120 nurses reported having cared for a patient who received life-ending drugs without explicit request. Nurses performed the euthanasia in 12% of the cases and in 45% of the cases without explicit consent. In many instances, the physicians were absent. (Pereira, 2011).

2.1.4 Second opinion and consultation

All jurisdictions except for Switzerland require a consultation by a second physician to ensure that all criteria have been met before proceeding with euthanasia. In Belgium, a third physician has to review the case if the person’s condition is deemed to be non-terminal. The consultant must be independent (not connected with the care of the patient or with the care provider) and must provide an objective assessment (Pereira, 2011).

There are many arguments that have been put forward for and against euthanasia. A few of the main arguments for and against euthanasia are outlined below.

2.2 Arguments for euthanasia

2.2.1 Rights-based argument

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. 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 (Ebrahimi, 2012).

2.2.2 Beneficence

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 (Ebrahimi, 2012)

2.2.3 Argument of poor quality of life

Those who advocate euthanasia argue that in some circumstances living is worse than dying, that the pain and suffering caused by a terminal disease may make life so agonizing and unbearable that death may seem "an act of humanity". The physician will act under the principle of beneficence to relieve the pain and suffering of terminally ill patients. For the dying patient, suffering may go far beyond pain. Life loses all quality and meaning to the point that death is preferable (Rodriguez, 2001).

2.2.4 The difference between active euthanasia and passive euthanasia

Supporters of euthanasia claim that active euthanasia is not morally worse than passive euthanasia – the withdrawal or withholding of medical treatments that result in a patient's death. In line with this view, it is argued that active euthanasia should be permitted just as passive euthanasia is allowed.

2.3 Arguments against euthanasia

2.3.1 Hippocratic Oath

One argument against euthanasia or physician-assisted suicide is the Hippocratic Oath, dating back some 2,500 years. All doctors take this oath. The original oath included, among other things, the following words:

"I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."

As the world has changed since the time of Hippocrates, some feel that the original oath is outdated. In some countries, an updated version is used, while in others, for example, in Pakistan, doctors [still adhere](#) to the original (Brazier, 2022).

2.3.2 Not following safeguards

Despite safeguards, more than 500 people in the Netherlands are euthanized involuntarily every year. In 2005, a total of 2410 deaths by euthanasia or pas were reported, representing 1.7% of all deaths in the Netherlands. More than 560 people (0.4% of all deaths) were administered lethal substances without having given explicit consent. Attempts at bringing those cases to trial have failed, providing evidence that the judicial system has become more tolerant over time of such transgressions.

A recent study found that in the Flemish part of Belgium, 66 of 208 cases of "euthanasia" (32%) occurred in the absence of request or consent. The reasons for not discussing the decision to end the person's life and not obtaining consent were that patients were comatose or had dementia. In 17% of cases, the physicians proceeded without consent because they felt that euthanasia was "clearly in the patient's best interest" and, in 8% of cases, that discussing it with the patient would have been harmful to that patient. Those findings accord with the results of a previous study in which 25 of 1644 non-sudden deaths had been the result of euthanasia without explicit consent. (Pereira, 2012).

2.3.3 The sanctity of life

Central to the argument against euthanasia is society's view of the sanctity of life, and this can have both a secular and a religious basis. The underlying ethos is that human life must be respected and preserved.

The Christian view sees life as a gift from God, who ought not to be offended by the taking of that life. Similarly the Islamic faith says that *"it is the sole prerogative of God to bestow life and to cause death"*. The withholding or withdrawal of treatment is permitted when it is futile, as this is seen as allowing the natural course of death (Ebrahimi, 2012).

2.3.4 Euthanasia as murder

Society views an action which has a primary intention of killing another person as inherently wrong, in spite of the patient's consent (Ebrahimi, 2012).

2.3.5 Abuse of autonomy and human rights

While autonomy is used by advocates for euthanasia, it also features in the argument against euthanasia. Some of the objectors believe that the principle of autonomy forbids the voluntary ending of the conditions necessary for autonomy, which would occur by ending one's life.

It has also been argued that patients' requests for euthanasia are rarely autonomous, as most terminally ill patients may not be of a sound or rational mind (Ebrahimi, 2012).

CONCLUSION

Euthanasia is indeed a contentious issue, with the heart of the debate lying at active voluntary euthanasia and physician assisted suicide. prohibition and criminalisation of the practice of euthanasia and assisted suicide is present in most of the countries around the world. In contrast, there are only a few countries and states that have legalised acts of euthanasia andor assisted suicide. The many arguments that have been put forward for and against euthanasia, and the handful that have been outlined provide only a glimpse into the ethical debate and controversy surrounding the topic of euthanasia (Ebrahimi, 2012).

Many activists against euthanasia feel that legalizing euthanasia will leads to 'slippery slope' phenomenon which leads on to a greater number of nonvoluntary euthanasia.

I agree completely agree with Annadurai, Danasekaran and Mani (2014), that strict standard guidelines should be formulated to practice euthanasia in countries where it is legalized, regulation of death tourism and other practices like mandatory reporting of all cases of euthanasia, consultation with psychiatrist, obtaining second opinion, improved hospice care must be followed for standardization of euthanasia.

REFERENCES

ANNADURAI, Kalaivani, Raja DANASEKARAN a Geetha MANI, 2014. 'Euthanasia: Right to Die with Dignity'. J Family Med Prim Care [online]. **2014** [cit. 2022-10-19]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311376/>

BRAZIER, Yvette.2022. What are euthanasia and assisted suicide? In: Medical News Today [online].2022 [cit.2022-10-19]. Available at: <https://www.medicalnewstoday.com/articles/182951>

CHOLBI, Michael, Jakka VARELIUS. New Directions in the Ethics of Assisted Suicide and Euthanasia. In: International Library of Ethics, Law and the Medicine [online]. 2015 [cit.2022-10-20]. Available at: https://link.springer.com/chapter/10.1007/978-3-319-22050-5_1

EBRAHIMI, Nargus. The ethics of euthanasia. In: Australian Medical Student Journal [online]. 2012 [cit.2022-10-19]. Available at: doi:[10.4103/2249-4863.148161](https://doi.org/10.4103/2249-4863.148161)

KEOWN, John, 2018. Euthanasia, Ethics and Public Policy: An Argument against Legalisation. Illustrated edition,. Cambridge: Cambridge University Press. ISBN 9781107043206.

KUŘE, Josef, 2011. Euthanasia: The "Good Death" Controversy in Humans and Animals. London: IntechOpen. ISBN 9533072601.

MU School of Medicine. Euthanasia. MU School of Medicine University of Missouri [online]. © 2022 [cit. 2022-10-18]. Available at: <https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/euthanasia>

National Health Service. Euthanasia and assisted suicide. NHS [online]. © 2022 [cit. 2022-10-18]. Available at: <https://www.nhs.uk/conditions/euthanasia-and-assisted-suicide/>

PEREIRA, José, 2011. Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls. Current Oncology [online]. (19), 38-45 [cit. 2022-10-19]. Available at: doi:10.3747/co.v18i2.883

RODRIGUEZ, Eduardo, 2001. The Arguments for Euthanasia and Physician Assisted Suicide: Ethical Reflections. *The Linacre Quarterly* [online]. 68(Number 3) [cit. 2022-10-19]. Available at: <https://epublications.marquette.edu/cgi/viewcontent.cgi?article=2262&context=lnq>

SILBERGELD JECKER, Nancy Ann, Albert R. JONSEN and Robert A. PEARLMAN, 1997. Bioethics: An Introduction to the History, Methods, and Practice. Illustrated edition. Burlington: Jones & Bartlett Learning.