

# Euthanasia

## Introduction

The phenomenon of humanity lies in the unrepeatability of everyone. Killing an incurably ill and suffering person at their request out of compassion is one definition of euthanasia. Euthanasia is a serious topic for society-wide discussion and one of medical science's most contentious topics. The debate over euthanasia has its origins far back in history. Different countries have different attitudes to the perception of this topic. Euthanasia is not legal in the Czech Republic. Potential abuse seems to be a significant problem on this issue. Although this may seem like an element of compassion, killing is no means of care. With modern technologies in medicine, society understands that death is avoidable. On the contrary, death is the only certainty in life. Death is inevitable.

Whether the treatment is helpful for the patient and will benefit him or an unnecessary burden for the patient in certain situations. Always helping and never harming is one of the ethical rules of doctors and an essential prerequisite for mutual trust between the patient and the doctor. Debates about euthanasia work with the idea that the person who euthanizes is a doctor. That assumption has been challenged (Prokopetz, 2012). I unequivocally agree with the approach of the Czech Medical Chamber. Euthanasia is contrary to medical ethics, and it is not necessary to introduce this institute into the Czech environment because palliative care is at a high level. The aim of this thesis is to evaluate the arguments for and against euthanasia based on professional articles.

## Text of the essay

### Euthanasia - facts

Everyone has a different idea of death. Medicine, thanks to its progress, makes it possible to prolong life. But at what cost. This topic is becoming more and more discussed, although death is still taboo for many people. In situations where the patient can express his will, he can refuse treatment. The problem arises when the patient cannot express his will, and the decision remains with the doctor. In a state where the patient is in the stage of an incurable disease, the question arises when and whether to transfer him from intensive care to palliative care, which will allow the patient a dignified life survival. In some countries, not only European countries, such as the Netherlands or Belgium, euthanasia is legalized. In the Czech Republic, this is a crime that is evaluated as murder.

Currently, three concepts can be distinguished in this issue. Euthanasia, assisted suicide and withdrawal from treatment. Euthanasia is an active act, the deliberate killing of a person at his request, and is carried out by a doctor. Assisted suicide is the intentional death of oneself with the help of another person, and withdrawal from treatment is the patient's right when,

upon agreement by the doctor, treatment will not be initiated, or therapy will not continue, which should keep the patient alive.

### **Euthanasia and autonomy**

What is the cause of a person's decision to end life? Are these main conditions where they suffer from pain, and are they making decisions out of desperation? At present, the principle of respect for autonomy is much mentioned. This model is applied in the concept of death when the goal is to rid the patient of the fear of treatment, which is often futile and brings the patient to a state where he cannot control himself. Increasingly, movements are emerging to legalize euthanasia. (Sjöstrand, 2013)

In its codex, the Czech Medical Chamber has stated, " The doctor effectively soothes pain, saves human dignity, and alleviates suffering in the incurably ill and dying." It is not the goal of medicine to prolong life at any cost. Today's care is at a high level, and it is possible to provide treatment for pain and accompanying symptoms so that there is no need for a request for death. Respect for autonomy is one of the main arguments in favor of groups calling for the legalization of euthanasia. (Sjöstrand, 2013) Autonomy is first and foremost a value that needs to be protected, and euthanasia can also mean the destruction of the patient's autonomy. Respect for autonomy is a contentious issue in support of euthanasia. In this context, freedom is understood as the possibility of choosing one's path and controlling oneself.

### **Arguments for euthanasia**

We live in a society that highly values freedom, unfortunately, this freedom is still denied to us when deciding the end of our own lives. It is completely unacceptable for society to pressure anyone to leave this world. On the other hand, we constantly close our eyes to a certain group of terminally ill patients who are eager to end their suffering, to die peacefully and with dignity. (Annadurai, 2014) Today, these people do not have a legal way to do this, so we deny them the opportunity to leave the world according to their wishes. Or rather, they could travel abroad in such a complicated way that they can listen to the wishes of the terminally ill to leave according to his wishes.

There is nothing nice about dying, and especially dying of cancer or other deadly diseases. It is a painful process full of suffering. How to offer sick people as much choice and support as possible, no matter how they decide their fate. However, there is also a smaller number of terminally ill people who do not like palliative care or do not want it and their wish is assisted death.

## **Euthanasia and palliative care**

Inadequate or futile treatment and that no longer benefits the patient is the main reason for switching to palliative care. Palliative sedation is defined as terminal pain relief. It is a procedure consisting in the treatment of a patient in an advanced or terminal stage of a serious and incurable disease of any origin, the side effect of which may be to shorten his life. This practice is currently legitimate but is not much discussed. This procedure can be considered a form of euthanasia since the doctor is forced to administer high doses of painkillers. By administering a high dose of drugs, life is shortened or the patient dies.

Assisted death can be a form of assisted suicide, where the doctor prepares the patient with a means that the patient must apply himself. Euthanasia is a form of assisted death where the lethal agent is applied directly by a doctor (Mercandante, 2020). Patients who refuse palliative care, are of age and legal capacity, their request is made voluntarily and without coercion, they are terminally ill because of injury or illness and this situation is unavoidable according to current scientific knowledge, finding that they suffer permanently and unbearably physically or mentally without hope of improvement could have this possibility. The patient should be able to revoke his application until the last moment.

Palliative care should be much more easily accessible. Quality palliative care should reduce the number of requirements for euthanasia. The purpose of society is to protect life and reduce the suffering of each of us. This goal should never be achieved through euthanasia but through the improvement of palliative care and palliative sedation. In countries where euthanasia is legally permitted, they have not such a well-developed palliative care system. Some agree that better palliative care should be provided, but this idea is supported by the view that creating euthanasia legislation should motivate opponents to think about providing better palliative care. Insufficient expertise of physicians results in a negative impact on patients who prefer palliative care. Improving palliative care and the expertise of doctors in its provision is, therefore, a necessary step. (Cuman, 2017)

No doctor may be forced to carry out the death, and no one, including the medical staff, may be forced to participate in the process. If any employee does not agree to assisted death, the employer must respect this and cannot be ordered to assist. Involvement must be entirely voluntary.

Euthanasia is allowed in Europe in Belgium, the Netherlands, and Luxembourg. Assisted suicide is also possible in Switzerland and Germany. Other countries, such as Spain and Portugal, are discussing legislation. It is up to us whether the Czech Republic will join these countries and stop ignoring the wishes of patients in the terminal stage of the disease, or whether these people will continue to be forced to die according to the ideas of a minority part of society or to flee across borders. But it is not a good way.

## **Euthanasia is not medical treatment**

In debates about euthanasia, there is often a reference to the Hippocratic Oath, where it is mentioned: "I will not give anyone a lethal cure, even if I am asked to do so, nor will I give anyone a recommendation to that effect." This issue is ethically complex. There are opinions that hold the theory that prolonging suffering in an incurable person at the end stage of the disease, who asks to end his life is possible provided that the necessary legislation is strictly controlled, and the necessary legislation is set. On the other hand, there are fears of abuse, whereby human life is considered untouchable and no one under any circumstances should help in ending it or even ending it. (Boudreau, 2013)

They make it easier for each patient to understand and provoke an appropriate response to their vulnerability in a particular situation. In this context, the patient should be considered a vulnerable person. This connection is important for building and further promoting patient-doctor care relationships to enhance both the level and quality of communication. Communication itself is a key element. This means that it is essential to promote and strengthen the dignity of patients as much as possible, given their vulnerable position.

Euthanasia is a problem for society, not only for doctors and patients. In the Netherlands, euthanasia or assisted suicide accounted for four percent of all deaths in 2016. Since 2002, cases have increased every year and applications are being assessed more and more benevolently and have been extended to include the mentally ill. Should euthanasia be more accessible to humans, or even legal? Historic debates have not yet achieved significant results. Meanwhile, history has convinced us what terrible mechanism euthanasia can become. It is necessary to realize that the very first step, from which the whole other way of thinking received its impulse, was the attitude towards the terminally ill. (Boudreau, 2013) And it is precisely this seemingly small shift in emphasis on the doctor's attitude that needs to be carefully examined.

Why are doctors against the introduction of euthanasia? The reasons are many. There are ethical, moral, and religious reasons. The main argument is that no it is not a therapy. Most doctors accept their role as a fundamental and indisputable characteristic in their profession. The relationship between the patient and the doctor is characterized by intense ambivalence. Unlike many other contemporary medical-ethical dilemmas, neither death nor euthanasia is a new topic today.

Part of a doctor's job is to help people die with comfort and dignity. However, doctors do not want to help commit assisted suicide. Such actions are considered bad ethical thinking, bad medicine, and bad politics. The patient has a choice to refuse treatment, and doctors have a duty to treat pain and other accompanying symptoms, even with the risk of accelerated death due to palliative sedation. However, helping patients with suicide is something quite different. (Sulmasy, 2016)

When considering the possible involvement of the health sector in the provision of euthanasia, account should be taken of those aspects of the medical mandate that are immutable and eternally relevant. Patients are vulnerable and susceptible. It is the duty of physicians to be able to view patients with compassion and to be able to show empathy. To require physicians to use and develop their unique influences and persuasive skills. Communication is very important. Moreover, I believe that even if you were to admit that euthanasia would be ethically acceptable, which it is not, there are many unanswered questions and many opportunities for abuse.

## **Conclusion**

Euthanasia is currently legal in several European and non-European countries, and the Czech Republic has so far taken a negative stance, and I think this is the right thing to do. The professional public is clearly inclined to the opinion that euthanasia is not medically acceptable and contradicts ethical principles. (Bordeau, 2013)

Debates about the ethical dilemmas of euthanasia have a deep historical context. Many of these arguments used for and against remain even today. Any form of discussion on this topic often provokes emotional reactions, both among members of the medical profession and from the public. For this reason alone, this topic will continue to be discussed at all levels of society, which is natural. However, there are other factors that ensure that euthanasia remains a subject of great controversy.

Euthanasia is a criminal act, although in some passive form it occurs daily in the form of palliative sedation in the hospitals. Medicine is one of the fastest-growing fields. This rapid development has made it possible to artificially prolong the life of an increasing number of patients than was possible in the last century. There is an ethical problem in relation to the patient's rights and autonomy and the rights and duties of doctors. It's important to think about when he should be the one to euthanize at all because it's not possible to automatically appoint a doctor. (Prokopetz, 2012)

Euthanasia is not just a matter of morality. The active killing of patients is obviously wrong in principle. In order to maintain human dignity and autonomy, it is important that a person can die peacefully and painlessly, ideally in the environment closest to him. (Hain, 2014) Nowadays, palliative care can provide this. Palliative care is not provided only in hospices. It is a type of therapy that is applied even in hospital facilities. There are also home care agencies that are able to provide palliative care in the home environment. Palliative care is part of medicine, as is dying. The arguments for introducing the institute of euthanasia seem unfounded in this context, but the possibility of a discussion on this topic, especially at the expert level, cannot be ruled out. As a non-medical healthcare professional, I have experience in the hospital environment and my opinion is that euthanasia in our country is currently not justified, which is also the opinion of the professional society.

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