

THE ISSUE OF EUTHANASIA

Introduction

In different societies or beliefs throughout history, there is no more moral conviction more universal and unquestionable than that killing people is wrong. Can people's minds be changed? I dare to say that this is a very difficult and impossible task. However, from a medical point of view, the term "kill" could be understood as step which can help relieve the suffering and pain associated with dying.

Euthanasia is undoubtedly a highly discussed topic. Not only in the medical field, but especially in the ethical field, in the field of religion, or in the field of law. Asking questions about ending human life is understandable. The development of medicine in its various areas has literally pushed the boundaries of death. Today, thanks to medical science, human lives are being saved and prolonged. The question is whether sustaining life at all costs is not perceived as a burden by the suffering person himself.

The aim of this thesis is to describe and analyze ethical and legal issues related to the selected topic. The thesis explains the concept of euthanasia, its forms and possible relationship between the concepts of "letting die" and "killing."

For the thesis, I chose relevant literature dealing with the issue of euthanasia, websites that contain up-to-date information and, finally, I relied on the case law of the Czech Republic.

The Ethical Dilemma

In general, the dilemma can be described as a very difficult choice between two options that are mutually exclusive. Ethical dilemmas or moral dilemmas are conceived as situations in which one finds oneself confronted with two or more conflicting moral demands, none of which exceeds the other. In a broader sense, it is a designation of ethical conflicts or difficult decisions. In a narrower sense, we could imagine situations in which every choice is wrong.

The issue of euthanasia

„Euthanasia, also called mercy killing, act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or withdrawing artificial life-support measures.“
(Britannica, The Editors of Encyclopaedia, 2022)

I dare say that one of the most discussed dilemmas in health care is the issue of euthanasia. If we consider its depth, we will undoubtedly conclude that it is a very extensive concept which is difficult for the wider public to grasp. This is reinforced by the fact that the legal

concept of euthanasia is a very complex and tricky. However, from a medical point of view, the term euthanasia can be understood as step that can help relieve suffering, pain and long waiting for death or a way to escape problems and resulting depression. Current understandings of the very concept of euthanasia are very disparate and diverse. Of course, this subject is depending especially on the development of human society. We also find a certain determination, both historical and social. At the same time, we can find a reflection of legal, ethical, social, religious and, finally, medical opinions.

The term euthanasia has different definitions. In the Greek origin of the word this word meant "dying well". This is already suggested by the composition of the term - "eu", which means good, pleasant, joyful and "thanos", meaning death. Euthanasia originally meant helping a person and aimed at alleviating symptoms of pain, both mental and physical. Over time the term euthanasia has shifted in meaning and today we understand it, as I mentioned, as a death by grace or the deliberate hastening of death by request of the patient or his family. Most authors today define euthanasia as the deliberate termination of a person's life by some other person than the person himself at his own request. (DOLEŽAL, 2017).

However, according to the Hippocratic Oath, euthanasia is contrary to the doctor's mission. In her contribution "Reflections on Euthanasia", Munzarová refers to the wording of the Hippocratic Oath, which says: "I will not give anyone a lethal substance, even if he asks it from me, nor will I suggest this possibility to anyone." (MPZ. *Zamyšlení nad eutanásií. Marta Munzarová*) She also doubts the will of the patient who decide to end his own life. "Among the basics of modern medical ethics and bioethics, respect for the autonomy of the patient often dominates, which, however, can in many cases be questioned. A person's decision-making shouldn't be hindered by something that affects the ability to choose. It is evident, that there is a loss of autonomy of a person who is seriously ill. Moreover, the suffering person closes himself in solitude, and the help of another person in his own decision-making is more difficult." (MUNZAROVÁ, 2005)

Euthanasia is primarily an ethical issue, not a legal one. If we were to consider that a person has the right to self-determination (that is, in a broader sense, the control over oneself and in the narrower sense, the right to accept or reject one's life or the right to decide on its end), which is based on the Charter of Fundamental Rights and Freedoms, could we ask ourselves whether a person has the right to ask another person to fulfill his wish (in this sense, the end of life)? From this consideration, it is clear to us that euthanasia is not a purely private matter, since two people must always be present to carry it out. The person who fulfills and the one who requires that fulfillment. In my opinion, no one should have the right to interfere in each person's own decisions other than the person who is affected by the decision, i.e., the person who is considering ending someone's life, and those who will be directly affected by this decision.

Even though euthanasia is legal in some countries around the world, it is still a criminal offense in the Czech Republic. This fact is based on the belief that the basic mission of a doctor is to save life. So, the problem is that a doctor who is employed in the Czech Republic can't refuse help and must always save human life. However, in the Czech Republic, there is an accessible fact so-called "letting die", in other words, abandoning further medical procedures if they are already unnecessary and aren't directly leading to the saving of human life. The position of the Czech Medical Chamber also favors this procedure. Even though, euthanasia is inadmissible, a doctor should not prolong the suffering of a patient with an incurable disease. I believe that the whole society and especially legislative measures should help doctors in this direction. (MUNZAROVÁ, 2005)

Types of euthanasia

- Active euthanasia means killing the patient by active proceeding. It is usually carried out by injection with a lethal substance.
- Passive euthanasia means letting the patient die. The healers stop fighting for his life and do not give him the kind of treatment that would save his life. For example, disconnecting from the ventilator.
- Voluntary euthanasia means the patient knows about it and agrees.
- Involuntary euthanasia means that the patient does not know about it, for example, he is unconscious, so he cannot give consent.
- Self-administered euthanasia means that the patient administers the lethal substance to himself.
- Other-administered another person administers the lethal substance to the patient.
- Assisted: The patient administers the lethal substance to himself, but with the help of another person.
- Mercy killing means that someone kills a patient without their voluntary consent to end his pain.

There are many combinations of euthanasia and many types of euthanasia are morally controversial. Some types of euthanasia are legal in some countries. For example, assisted voluntary form. (BBC, 2014 ©)

Basic resolution

Leading experts on medical ethics distinguish several forms of euthanasia. It is mainly divided into active and passive euthanasia. Under the term active euthanasia, we can imagine the deliberate killing of a patient at his own request (killing). This is the "overfilled syringe strategy," where a doctor deliberately administers a lethal substance to a patient. Passive euthanasia, the opposite of active euthanasia, is referred to as the "deflected syringe strategy" and consists of the already mentioned "letting die", i.e., withdrawing from active action, interrupting treatment, or not continuing treatment procedures that prolong the

patient's life. This is the result of a person's right to natural death and is also accepted from a legal point of view. However, the doctor can only decide to end the patient's life after exhausting all possibilities to help.

At this point it should be mentioned that in such a case it is not a subjective decision, but rather the verdict of the entire council of experts. This is a set of rules that authorize medical professionals not to initiate resuscitation. This program is called "DNR" (Do Not Resuscitate). In the Czech Republic, passive euthanasia includes Do Not Resuscitate program. (DOLEŽAL, 2017) These are pre-planned procedures a dying patient would or wouldn't wish for. Article 9 of the Convention on Biomedicine underlines the possibility of performing passive euthanasia. It talks about the "last acquisition of the sick" (living will) and says that "the previously expressed wishes of the patient regarding the medical procedure will be taken into account, if the patient is not in a state to express his wishes." (Sdělení: 96/2001 Sb., Úmluva o lidských právech a biomedicíně) However, this "living will" institute is a method used only in some countries, for example in the USA (the patient writes his own will in cases where he cannot assess his situation due to his health condition). Another form is euthanasia based on the patient's autonomous request, so-called requested. Unrequested euthanasia is the euthanasia of a patient who is unable to request it due to his health condition, but it is assumed that he would have done so if he could. By involuntary euthanasia we mean one that is carried out regardless of the patient's opinion, but with regard to his benefit. Very discussed topic used for example in Switzerland or Germany is assisted suicide which is also a permitted act. This is a death when the patient dies by his own hand, but with the assistance of a doctor or other health professional. (VÁCHA, 2019)

If we were to look a little deeper into this problem, we would certainly come to the conclusion that in this case the doctor could be an accomplice who knowingly helps the patient to commit suicide. However, from a legal point of view, in my opinion, it is more about who will perform the actual act of ending life, whether it will be the doctor who administers the lethal drug and thus murder or killing, or whether it will be an act of suicide only with assistance. Not only in professional health publications, but we can also find a large number of discussions regarding the search for arguments supporting or justifying active euthanasia or its prohibition.

The ethical aspect of euthanasia - kill or let die?

In relation to euthanasia, it is also important to distinguish between terms "let die" and "kill." From a certain point of view, one could infer that there is no difference between these terms, but we could find the difference between these two terms. After all, if we give a dying person a lethal medicine, we will kill him. Likewise, if we don't give him the medicine that extended his life, he will die too. In euthanasia, a person dies because he wishes to. When a person is left to die then because he is sick, and for this very reason he is dying. In other words, every person, healthy or sick, will die if we kill him but only the sick one will die if we

let him. From an ethical point of view, it should be kept in mind that ending a life or letting die and being killed is not the same thing.

From the point of view of the law, it is impossible at this point not to quote Article 6 of the Charter of Fundamental Rights and Freedoms declaring the right to life, which states that "everyone has the right to life... and no one may be deprived of life." (Zákon: 2/1993 Sb., *Listina základních práv a svobod*) It is clear from this provision that "killing" and also "letting die" is not permissible in the Czech legal system. We also find this prohibition in the oldest codex, the Ten Commandments of God, in the sixth commandment "You don't kill." If I wanted to develop my theory further, I would get to another provision of the Charter of Fundamental Rights and Freedoms, which says that "under this article it is not a violation of rights if someone has been deprived of life in connection to an act that is not punishable by law." It should be stated that in this case "to let die" wins over "to die." At this point we come to the conclusion that a certain form of euthanasia in The Czech Republic is permitted. By the above-described possibility of passive euthanasia, when the doctor does not continue with treatment procedures that prolong the patient's life, and it results from the human right to natural death, it can be accepted from a legal point of view. But the question remains, can we even find, establish or define the boundary when it comes to end someone's life? Everyone has to find the answer for themselves.

Conclusion

In this thesis, I focused on explaining one of the most discussed concepts in healthcare, namely the concept of euthanasia.

When considering its depth, one cannot fail to state that it is a very comprehensive concept that is difficult for the wider public to grasp. This also reinforces the fact that the legal concept of euthanasia is a very complex and tricky thing, and euthanasia is primarily an ethical issue, not a legal one.

From a medical point of view, under the term euthanasia we could imagine such steps that can help from suffering, pain and a long wait for death. However, we could ask ourselves whether a person has the right to ask another person to fulfill his wish to end his life? It is clear from this consideration that euthanasia is not a purely private matter, since two people must always be present to carry it out. The person who fulfills it and the one who requires that fulfillment.

In my opinion of view, no one should have the right to interfere in each person's own decisions other than the person who is affected by the decision, i.e., the person who is considering ending their life, and those who will be directly affected by this decision.

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