

Ethical problems about euthanasia

Introduction

The main topic of the essay is the problem of euthanasia. Euthanasia is a life-ending process of a person. The aim of the essay is to describe the concept of euthanasia, examples of when to start and when not to start treatment, explain the view of euthanasia in the course of history and summarize the author's opinion on this topic. The work is divided into three chapters and drawing on available literature sources. The last part of the work includes my own opinion on the issue of euthanasia. I have chosen this topic, because as health workers we encounter death every day. As humans we sometimes encounter death of our loved ones or people who are close to us as well. Does anyone have the right to end a person's life prematurely? Is end of life a solution?

Concept of euthanasia

As we know, euthanasia is premature termination of life. Euthanasia is not allowed in the Czech Republic. The distinction between active and passive euthanasia is not clear-cut. Passive euthanasia involves doctors, who prescribe drugs, pharmacists, and other health professionals. We know that active euthanasia can be performed by anyone else by administering an injection or medicine. If doctors deliberately withhold treatment that could reverse a life-threatening condition, it leads to the same goal. There is no doubt that it is not easy for a healthcare professional to assist death by passive or active euthanasia. Many doctors have recognized that there are circumstances where treatment is not defensible. These are realities for which there is no hope of cure, improvement or return of function. Authors Pellegrino and Thomasma call it a kind of therapeutic aggressiveness. However, if we talk about passive euthanasia, we mean the intentional omission of the act (for example, the disease killed the patient, with no assistance of a doctor). Active euthanasia is a decision, that must be intentional, it is the stopping of life that would continue under normal circumstances. It is important to mention that the death of an individual must reasonably be felt as inevitable, it must be about the repeatable satisfaction of the patient. Euthanasia must be performed with approval of the dying person but not the state or anyone else. The way the term euthanasia is used here is not the same as the term the Nazis called euthanasia, which meant murder. People were killed to serve the state (E. H. Loewy, R. S. Loewy, 2005, p. 281-284).

Although euthanasia has been practiced for at least two millennia, the current debate began in the 1950s and 1960s. In the course of evolution, death came under human technological control. Nowadays, the topic of euthanasia is still discussed - who can exercise such freedom and under what conditions? Physician-assisted dying became, together with abortion, one of the main topics and led to the emergence of health bioethics (Cholbi, Varelius, 2015, p. 1).

We know that euthanasia is illegal in most countries of the world. We can evaluate euthanasia from religious and non-religious point of view. Research studies indicate that Christians Muslims and Hindus show resistance to ending life. The religious perspective claims that no

one can end human life because it is sacred. According to the Christian tradition, human beings created in God's own spirit, have an intrinsic value (Ziebertz, Zaccaria, 2018, p. 13-16). The second non-religious point of view states that life has no predetermined value. Life is priceless (Cholbi, 2017, p.97).

Not Initiating or Discontinuing Therapy

Ethically, the difference between starting a potentially effective treatment and stopping treatment in a patient who was dying was sought. In the United States, the Supreme Court ruled that there is no legal distinction. The system's problem is that doctors are often unable to start resuscitation because they are afraid that they will be forced to continue treatment. Ethical differences can be analysed with the help of the following questions:

- Do we and a patient have a higher value for life at the cost of suffering or for suffering at the cost of a longer life?
- Does the fact that if we do not treat a patient, we feel less involved in a patient's death than if we treated a patient with ethical significance?
- What do we mean by withholding treatment? Not to treat severe sepsis? Not defibrillate?
- Where is doctor's responsibility to skip treatment if a dying patient instructs him to end his life?

The question of acting or not acting is a very difficult one. A decision cannot be made without assessing the context of the specific situation in which the patient is involved, but also his family and medical staff. This difficult question cannot be solved only rationally. It is necessary to solve it emotionally with all those involved. Sometimes ethics commissions or a consultant can help, but they should never decide the problem (E. H. Loewy, R. S. Loewy, 2005, p. 282-283).

Two kinds of judgement?

The author Hunt (1994, p. 199-203) claims, that euthanasia stands between two fundamental arguments. The first judgment is a medical decision, the second judgment is a moral point of view. It is argued that moral judgments fall outside of medicine. Suspension of treatment can be indicated by a doctor, but euthanasia hastening death cannot be medically indicated. Further, Hunt argues that the decision between medical judgment and moral judgment cannot be supported. Is that argument the argument the author describes? Hunt encounters these arguments in interviews with health workers. What is the right time to die? It is suggested that there is a right time to die, which can be reached even before a person takes his last breath. The doctor should learn to recognize when this right time comes. It is important to understand that the prolongation of life beyond the proper time frame is prevented, not that the end of life is not accelerated. Let's give three examples:

1. A man who lost a piece of his brain in an accident, but still breathing. Is it medical judgment to decide that it is not in the patient's interest to perform resuscitation?

2. A patient with advanced abdominal cancer undergoing surgery that causes intestinal obstruction. The surgeon cannot proceed with the operation. Should this be considered a terminal event? Give the patient spasmolytics or treat with drips and sedation? In the first case the patient dies within three days, in the second case within three weeks.
3. An old patient who coped with a serious illness, with her family and with God. Then she died at the right time from pneumonia, which the doctors did not try to treat.

In the first case, any judgment about where the patient's interests lie is a value judgment. In the second and third cases, the concrete concept of what a good death means plays an important role. In the second example, the emphasis is on physical factors, such as pain. In the third example, psychological factors. All these factors mean to die well.

Perspectives on euthanasia in the course of history

In ancient philosophy, the term euthanasia was understood as painless death. Since the 17th century, euthanasia has been understood as a conscious choice to induce a painless death. The theologian Van Der Van points out that today's arguments concerning the support or rejection of the ethical legitimation of euthanasia originates from ancient times. In Roman cultures, euthanasia was even praised by philosophers. Philosophers considered it a sign of strength and courage. There is an important fact that this way was strongly criticized by Christian thinking. The medieval Christian philosopher Thomas Aquinas argues from a religious and non-religious point of view. The first argument is that suicide is against nature. The second argument is that euthanasia harms society, the third argument is that it goes against God's gift of life. This development prompted the acceptance of euthanasia in Western societies for moral reasons. This led to the decriminalization of euthanasia in several countries: The Netherlands legalized euthanasia in 2000, Belgium in 2002, Luxembourg in 2009, Colombia in 2015 and Canada in 2016. The debate is currently open in many other countries. (Ziebertz, Zaccaria, 2018, p. 111-113).

The effort to legalize euthanasia in Great Britain

The Society for the Voluntary Legalization of Euthanasia has been providing an institutional forum for discussions on euthanasia in Great Britain for over sixty years. The first nationwide debate on the legalization of voluntary euthanasia was sparked by Dr. Charles Killick Millard. Later in 1935 the Society for the Voluntary Legalization of Euthanasia was founded. However, it was misleading to claim that the society was really a grassroots populist movement. The misleading fact was that the company's chosen tactic wanted to ensure legislative reform by creating a network of sympathizers capable of influencing politics at a high level. Gradually euthanasia became a practical proposition. Yet, despite the enthusiasm and support, strong opposition remained within the profession. Medical objections against euthanasia were strong and the law on voluntary euthanasia was defeated. An ongoing topic of modern debate is the clash between supporters of assisted suicide, motivated by humanitarian interests and religious opponents who repeatedly condemn the intentional infliction of death. The most decisive was the Catholic Church, which strongly opposed attempts to legalize mercy killing.

Opposition of this nature littered the euthanasia debate in the 1930s and was particularly evident in publications such as the Catholic Medical Journal. However, among Protestant churches, there seems to be a lot of sympathy for the euthanasia movement (Kemp, 2002, p.83-90).

The result is that euthanasia is still illegal in Great Britain. Despite its long history, it is not believed that there is any possibility of meaningful change. Today it seems that the parliament of Great Britain is not willing to promote changes in the field of euthanasia. Regardless of this lack of legislative measures, this topic is not at a standstill. Britons can free themselves from unwanted medical treatment, even if it would lead to death. The British Medical Association has recognized the right to die. The association issued a recommendation that British doctors fulfil the wishes of their dying patient. According to the research, half of the doctors were willing to comply with the wishes of the dying patient and hasten his death if it was legal. It is alarming, that Britain formally considers euthanasia a criminal act, while society has accepted the proposal of a limited right to die, and this practise is carried out informally. Even though the survey showed that 80 % of British citizens and 40 % of British practicing doctors support the legalization of voluntary euthanasia, the parliament rejected the legalization. The reason is that the parliamentary opposition is strongly religious. The Church of England claims that doctor-assisted suicide is incompatible with the Christian faith. Church leaders, however, on the other hand, were clear that painkillers, which hasten the death of an incurable person, are not a form of euthanasia (Whiting, 2002, p. 41-42).

Death

It is important to mention that the tendency to take care of physically and mentally disadvantaged persons is a deeply rooted pattern of behaviour. This behaviour supports quality of palliative care not only for patient with cancer, but also for other serious illnesses with a terminal course. Nevertheless, demands for the legalization of assisted dying are constantly increasing. On one hand, there is still the prohibition of intentional killing, on the other hand, there is the claim of preserving dignity. So, what is the strongest argument in favour of euthanasia? Is it an argument that emphasizes autonomy? It is therefore necessary to always assess behaviour according to the context. In a specific case, even if it was voluntary, the goal would always be to kill a human life. To allow this action as a norm would be to remove the prohibition that supported the practise of health care in a civilized society. It would violate the principal objections against involuntary manslaughter (Ashcroft, Dawson, Draper, Mc Millan, 2007, p.473).

What does it mean to die at the right time? It can mean, for example, that he died sooner than he expected, leaving all his plans behind. For example, the ability to listen to music, flying etc. It could also be said that he escaped something that would have been difficult for him to bear or that would have ruined his life. So, death is not always a disaster. It can be said about someone: He died at the right time. It may mean that he died after achieving his goals. Generally speaking, something good happened or something bad was averted. What does the

right time to die have to do with medicine? It's simple even in medicine we have an idea of good and bad. We also have values in medicine (Hunt, 1994, p. 201).

It is obvious that our language in a certain sense influences our answers. When we cannot cure patients, we often say that we cannot do anything. Trying to do what you can is considered a waste of time. Declaring that there is nothing more to do means that we can no longer do anything to improve the state of health and cure. Medicine has an important duty. Medicine is supposed to alleviate suffering. Although good health workers will try to make the pain as minimal as possible, health workers will not hesitate to cause pain that has a more important goal. Planning death is focusing on life. Dying is a normal part of life. Healthcare professionals should not prepare the patient for death but enable the patient to live his life to the full, as the disease allows him. Orchestrating death is a tricky business. Orchestration includes the various parts of the orchestra, strings, and wind instruments. An orchestrator must be a good team leader, just like a doctor. Orchestrator and doctor must be able to use experience to facilitate given tasks. Orchestration consists of doing and calling for help. Calling for help includes things pharmacological, physical, spiritual, emotional, social, and so on. When the patient's needs are understood, life can still be meaningful and rich. If one is to orchestrate correctly, it is important to understand what death means to the patient. Kübler-Ross described the basic stages of death, but we do not expect that patients necessarily behave according to these stages. It is a fact that suffering and pain are not the same. Another fact is that patients seek help when dying because of the loss of the ability to take care of themselves, not because of pain. Pain is always last on the list (E. H. Loewy, R. S. Loewy, 2005, p. 289-291).

Summarize your own opinion on the given issue

The topic of euthanasia is a topic currently discussed in today's society. The death of a person is seen by doctors as a loss. That's why they try to save patients and prolong their lives. But it is not always solved correctly, because in some cases we need patients to leave this world peacefully and with dignity.

In the first part I deal with the differences between active or passive euthanasia. It is a moral question: is active or passive euthanasia worse? In my opinion, active euthanasia, which means that the drug actively kills the patient, for example, an injection, has a greater moral obligation than passive euthanasia, which helps the patient die, for example, by not starting treatment. In the course of evolution, however, death has become a much-discussed topic thanks to technological progress. I think that no one expected such great progress in medical technology and free will. In my opinion, the topic of euthanasia is very important. It is difficult to express one's own opinion about euthanasia. I think that no one can guide how to properly solve this issue if they do not face it directly. But since I believe in God, my opinion on euthanasia is such that no one has the right to end human life, which was given to us by God. Not start or stop treatment? As already mentioned, a decision cannot be made without the context of the situation. In my opinion, it is important to decide to act based on the interests of the patient and the family. Do not deal with euthanasia rationally, but mainly emotionally.

Finally, I would like to mention that death does not always mean defeat. Death is an inevitable part of life. It is necessary to realize that it is important to leave the dying person with peace and dignity. As was said before at the right time.

Conclusion

This essay dealt with ethical issues in the field of euthanasia. In the first part I describes the concept of euthanasia and distinguishes between active and passive euthanasia. In the second part, I dealt with cases when not to end or start treatment and judgements from a medical and moral point of view. I then focused myself on thinking when it is the right time is to die. The subsequent third part presents views on euthanasia in the course of history and the effort to legalize euthanasia specifically in Great Britain. The last part is dedicated to the chapter of death. Behaviour related to death must always be judged according to the context of the situation. The conclusion of the essay is to summarize my own opinion on the given issue.

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