

Euthanasia

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Essay

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CONTENTS

INTRODUCTION	3
1 DEFINITION OF EUTHANASIA.....	4
2 ACTIVE AND PASSIVE EUTHANASIA	6
2.1 BENEFITS AND DAMAGES OF POSSIBLE LEGALIZATION	6
3 EUTHANASIA FROM A RELIGIOUS POINT OF VIEW	9
CONCLUSION	10
REFERENCES.....	11

INTRODUCTION

I have chosen the topic of euthanasia for my work, because in my opinion it is a topic that has been debated for several decades. What other topic is more related to nursing ethics than euthanasia? At the same time, it is also one of the taboo topics in this area. For example, in the countries of Central Europe, there are very few people who are willing to talk about this topic at all. In contrast, in the United States, for example, this topic is discussed very often.

My work begins by outlining the definition of euthanasia. Then I will present the possible advantages and disadvantages of euthanasia, compare them with my opinions and finally I will state how euthanasia is viewed from the perspective of religion.

In this work, I would like to present the arguments of the authors who dealt with the issue of euthanasia and compare them with my views. At the end of the essay, based on my arguments and the arguments of the cited authors, I would like to conclude whether euthanasia is ethical or not.

Of course, this work should only be considered as a contribution to the still endless discourse on this controversial topic. I was led to choose this topic by an experience where I was once stopped on the street by a person who was conducting a questionnaire survey on the topic of euthanasia. Then ask me if I approve of euthanasia, and since I almost didn't know how to answer it at the time, the memory of him led me to write this essay.

1 DEFINITION OF EUTHANASIA

There are many definitions of euthanasia in the world, and for some people, even experts, it can be quite a tough nut to crack. In my life experience, people around me think of euthanasia mostly as a voluntary death given by a doctor or nursing staff to a patient who suffers so much that they prefer to die voluntarily to get rid of that suffering.

But the matter has several other aspects. Author Wreen gives his own definition of euthanasia and several other aspects to consider. Its definition is quite simple, namely that if euthanasia is to occur, then one living entity must kill another living entity or let it die. Another precondition for the assessment is that the person who wants to kill the other person acts intentionally, but this direction of the definition is relatively complex and goes more towards the criminalistic evaluation of the crime, so it is not relevant for this work. Furthermore, according to Wreen, the thing that distinguishes euthanasia from intentional killing is the intent of the person who performs the killing. It is important that euthanasia is carried out for the good of the dead. In the next part of his work, however, he argues that euthanasia is an attack on the good side of life, or at least a neglect of that good, which is not logically justifiable. According to the Medical Code and the Charter of Human Rights, the patient has the right to life or to save it, which everyone knows. According to Wreen, this right is being violated by euthanasia. Other of the author's follow-up contributions are reflections on life and death. According to him, every life is valuable, whether in terms of sharing one's being with other living beings or in terms of the personal history of the individual. The richness of human life is more valuable than that of any other creature, because man is endowed with distinctive and cognitive abilities, like no other creature. It simply cannot be compared, because for creatures not endowed with emotion, the good is life itself. According to Wreen, the death associated with euthanasia simply ends this inner good of human life. To justify euthanasia, it is essential that the object of this act agrees with it, but it is difficult or almost impossible to determine whether the object of euthanasia can voluntarily relinquish its right to life. Death has a special place in the aspects of euthanasia, as it cannot be precisely included in the ranking, precisely because of its incomprehensible nature. According to the author, the ability to perceive the degradation of life is a value, which ends in death. Analyzing the benefits and well-being of euthanasia is simply everything, but not easy (Wreen, 1988, pp. 637-653).

Dimmock and Fisher give a brief but logical, and in my opinion correct, definition. To explain the origin of the word euthanasia in general, the authors state the well-known fact that, along with many philosophical terms, the origin of the word euthanasia is Greek. It consists of the word eu, which means good, and the word Thanatos, which means death. When we put these words together, we logically come up with the notion of a good death, which the doctors are trying to ensure to the incurable and suffering patient by the so-called killing by grace. The following is a definition of active and passive euthanasia, as well as voluntary and involuntary euthanasia. The authors describe active euthanasia as active killing, in which death is caused by external intervention rather than natural causes. This is usually a lethal injection or a voluntary drug overdose. They define passive euthanasia as the case where a patient is allowed to die because of leaving treatment, so there are natural causes, even if there is a way to keep him alive. Voluntary euthanasia is logically defined as the case where a patient voluntarily and without outside pressure chooses to end their life to avoid future suffering. We speak of involuntary euthanasia

when a patient's death is decided by another person due to their inability to decide for themselves, for example in infants or because of a coma. The authors also list the two most common situations in which euthanasia is used. The first case is the patient's permanent vegetative condition. The authors describe this as a condition in which the patient can biologically maintain his own existence but does not show any sensitive interaction with the environment. According to the British National Health Service, in this condition the patient does not even notice auditory and visual perceptions and no longer shows signs of emotion. If the patient has no preconditions for recovery and is in this condition for more than a year, then the vegetative condition is defined as persistent. The second case is an incurable disease that will cause the patient to die over time. Unlike the first case of a vegetative state, in this case the patient perceives what is happening to him, knows what awaits him and suspects that his pain will increase in the future, but is still able to decide for himself and volunteer for euthanasia. (Dimmock, Fisher, 2017, pp.123-141)

2 ACTIVE AND PASSIVE EUTHANASIA

The general term euthanasia can be further divided into two-character groups, which are perhaps even more the subject of discussion than euthanasia in general. It is an active and passive euthanasia. The author Rachels elaborated a very high-quality distinction of these terms in his work. According to him, understanding the difference between active and passive euthanasia is crucial in terms of medical ethics. He refers in his work to a statement by the House of Delegates of the American Medical Association in 1973, which basically states that in specific cases it is allowed to stop treatment and let the patient die, but it is not allowed to perform a direct and active reaction that would kill the patient. To illustrate, he presents a model situation where a patient is in the terminal phase of a cancer and suffers from unbearable pain, which medication can no longer alleviate. According to all the symptoms, the patient will die within a few days, so he and his family agree to end the treatment and shorten the patient's agony. According to the above-mentioned doctrine, such a case is justifiable, but what are the implications in practice? After all, when the patient's treatment is stopped, the unbearable pain continues, and the patient suffers from passive euthanasia even more than if the doctor chose the active form of euthanasia and gave the patient a lethal injection. In terms of common sense and human feelings, there is therefore good reason to believe that active euthanasia is better than passive, because there is a big difference in the duration and intensity of pain. But in public and professional space, there is an opinion that passive euthanasia is better because the doctor only lets the patient die, while in active euthanasia, he so-called kills him. According to Rachels, this view stems from the fact that the public hears about intentional killing or murder all too often, so it associates it with far greater evil than when someone is left to death. Of course, it's much more serious, but on the other hand, so many people don't hear about people letting someone die. When the public hears about such cases, it is precisely when the doctor lets someone die, so it is automatically associated with intentional killing. But that doesn't mean that when a doctor gives a patient a lethal injection for humanitarian reasons to reduce his suffering, it's a different situation than just letting him die. Of course, there are cases of personal benefit from the doctor or misdiagnosis and thus termination of treatment if the patient's life could still be saved. Such cases are undoubtedly very reprehensible. Rachels thinks very logically that the reason why it is generally considered wrong to be the cause of another person's death is the fact that death is generally considered a great evil. However, if it was decided that any euthanasia was desirable in a particular case, then it was decided that death is no greater evil than letting the patient live. At the end of her research, Rachels denies the above-mentioned American Medical Association doctrine, arguing that there is virtually no difference between active and passive euthanasia, and that the opposite statement should not add value in official medical ethics statements. (Rachels, 1979., pp. 78-80)

2.1 Benefits and damages of possible legalization

A very controversial part of the discussion on euthanasia is, above all, the indecision whether to legalize it. The author Emanuel gives a good description of the advantages and disadvantages of legalization. Although his work deals with the possibility of legalization only in America or the Netherlands, the list of advantages and disadvantages could, in my opinion, be applied in other countries as well. At the beginning of his work, he states that finding out relevant information about the benefits or damages of legalization is partly

speculative, but the judgment in uncertainty and incomplete information is exactly the judgment that a layman or legislator must take into account when deciding on legalization. euthanasia. Any commentator on this topic must realize that any legalization will of course bring benefits and harm. Proponents of legalization must realize that if legalized, there would certainly be cases where the patient would be killed even in the event of disagreement or for the benefit of others, who simply would not need the patient's consent to end his life. On the contrary, opponents must realize that if euthanasia remains illegal, the patient will be exposed to great suffering at the end of his life, without the possibility of termination, so he will have to wait until he dies of natural causes. There is also a psychological aspect, because patients who would consider applying euthanasia in the future would lose this psychological support if they knew they agreed to an illegal thing. As the first benefit of legalization, Emanuel mentions the realization of individual patient autonomy. However, according to opinion polls, most people consider this argument to be insufficient in the debate on legalization due to several assessment factors. This would require the patient's conscious, free and repeated consent to euthanasia, a thorough assessment of the extent of the patient's suffering and inability to alleviate or end the patient other than euthanasia, and finally another independent physician to evaluate the patient's prognosis and understanding. Another strong argument is pain relief and suffering. But here we come across the fact that the concept of suffering is a very controversial and individual concept because there are neither definitions of suffering nor any standards according to which the health care provider would be able to assess the extent of suffering. According to the author's research, in the last months of the patient's life, it should be possible to alleviate the suffering by using appropriate palliative care, which could work in up to 95% of cases. Subsequently, it is necessary to realize that there is a wolf difference between thinking and considering euthanasia and demand. When it comes to disadvantages, they clearly outweigh the benefits of legalization. The first disadvantage is the possible damage to the medical profession. There is a need to consider several evaluation factors, such as the social role of the profession, which is constantly changing over time. In his research, author Emanuel found that most physicians did not regret their decision to apply euthanasia until they applied it again in similar circumstances. The absolute minority of physicians experienced some remorse or changes in their subsequent practice. Another disadvantage is the possible psychological anxiety of the patient and the loss of trust between him and the doctor. But here it is about half and half, because one part of the patients will feel psychological reassurance during legalization and the other part, on the contrary, psychological anxiety, while the greatest impact will have on those patients who really need that help. Another disadvantage is the pressure to apply euthanasia, which may come from the patient's family. In most cases, this is due to the high financial costs of palliative care. Unfortunately, no relevant data is available to clarify the number of dying patients who were forced to euthanasia. According to the author's research, about a quarter of the dying patient's families lost all their savings due to treatment, and almost 10% of caregivers confirmed this. Not to mention family members who subsequently suffer from depression and other mental health problems. Another major risk is euthanasia of incompetent patients. Surveys in the Netherlands show that over 20% of patients were not mentally fit to consent to euthanasia. It is similarly clear from US surveys that a large proportion of patients were confused or unconscious during interventions. And worst of all, around 20% of patients are given euthanasia without their consent, which is a very punishable act in the Netherlands, for example, with guarantees

precluding such practices. Finally, Emanuel stated that it was not possible to determine exactly the proportion of people who would benefit from legalization and who would suffer from the available incomplete information. What is certain, however, is that the disadvantages prevail over the advantages, and the rush to legalize euthanasia is not entirely appropriate. (Emanuel, 1999, pp. 629-642)

3 EUTHANASIA FROM A MORAL AND RELIGIOUS POINT OF VIEW

In almost every debate about euthanasia, there is a religious aspect in the discussion, according to which it is judged, depending on the confession, whether euthanasia is permissible in terms of faith in God and morality. The author Cristina Traina examines these aspects in her philosophical work. She states that there is a long history of rejection in major traditional denominations, but always for slightly different reasons. Religion considers euthanasia in the context of the traditional notion of death and preparation for a good death, in which great importance is attached to the patient's natural mode of death, which is important for the afterlife, resurrection, and reincarnation. The author examined the view of the major religions. For example, the proponents of Buddhism and Hinduism strongly believe in reincarnation, and according to them the earthly life and suffering of man does not end with the death of his present body. According to their faith, death ends with the opportunity to improve karma in the present life and thus reduce suffering in the next earthly life. So, according to this belief, artificial shortening of life only leads to further existential suffering, and even painkillers that cause unconsciousness or coma can have a negative effect on preparation for death. As for the Roman Catholics and the Eastern Orthodox, they are also relatively large opponents of euthanasia, because according to them, euthanasia interventions interfere with God's plans with the human soul. Although they approve of passive euthanasia, they strongly reject suicide and the killing of innocent people. And they have in common resistance to drugs that dull the patient's mind. Another branch of religion is the Jews, who believe that euthanasia does not threaten the future of the dying patient in the spiritual sense, because Jews do not believe in reincarnation or the afterlife. But they have a common view with previous religions that euthanasia is wrong in that only God has the right to determine the moment of one's death. Jews are also big supporters of palliative care before death, which they strongly support or even order. Muslims, on the other hand, place great emphasis on the aspect of suffering, which according to the Qur'an has a divine purpose, such as encouraging repentance over sins, and advising physicians to distinguish between the process of living and the process of dying. Most Protestant communities are in favor of palliative care and ending special treatment, and they are not as strong opponents of painkillers, but they are not proponents of euthanasia. An exception among Protestants is the Unitarian Universalist Association, which opposes the obsession of doctors at all costs to prolong human life without any interest in the soul of this person. For legislators who can influence the legalization of euthanasia, religious views generate an uncertain outcome. There is a consensus between religions and lawmakers that euthanasia is immoral. The problem is that the above-cited views of different religions on euthanasia are of limited value to lawmakers in the debate on legalization. If lawmakers were interested in religious views about euthanasia, they would first have to be interested in what people really think to contribute to a common consensus without which the law cannot be enforced. In conclusion, the author states that religious arguments are an uncertain basis for banning euthanasia, as it is not a matter of religious freedom. The courts can decide which religious practices are acceptable and which are not, and to judge them in the light of majority practices in society. So, for the author, the conclusion is that religious freedom has nothing to do with assessing whether euthanasia violates moral values and rights that are socially binding. (Traina, 1998, pp. 1147–54)

CONCLUSION

It is quite difficult to draw a conclusion on a topic that is as highly controversial around the world as euthanasia. In my opinion, the definition of euthanasia can almost always be agreed, because experts or people who do a study on euthanasia almost always agree that it is assisted suicide or voluntary termination of life.

It is also true that the positive aspects of legalization are in a significant minority against the negative aspects of legalization, and that is good in my opinion, because the greatest risk of possible legalization is most likely, and by the way, according to people around me, great abuse. For example, a family that would have been harassed by the patient or motivated by a personal motive, for example in the field of inheritance, could legally kill the person and benefit from it. It is known that almost everything can be abused. But on the other hand, it is very uncomfortable to imagine that I would have unbearable pain without the possibility of removing or at least alleviating that pain. The problem is that only the patient knows how bad his pain is, and the outside world can't judge it accurately. This is generally a very depressing and negative feeling already in a banal headache from fatigue, not to mention the terminal stage of an incurable disease. When I argue with people around me when I talked to them about this topic, most people say that even if pain is present, there is still no place to hurry. According to them, it is better to live here with some suffering than to hurry towards a death for which the future is uncertain. And this is where we come to the aspect of religion and belief. If someone is a believer, he can endure great pain at the end of his life, because he believes that he will be better after death. On the contrary, the unbeliever would probably lean towards euthanasia, because according to him there is nothing after death, so he has nothing to lose and chooses between nothing or pain. But the other problem here is that none of us know exactly what follows death, and unless we are religious fanatics, we will always have some doubts about whether it is after death as one or the other says. But it is true that one must believe in something in this world.

The affairs of legislators who decide whether euthanasia is legal are, in my view, irrelevant compared to the fact that no one knows what awaits them after death. These are laws that people have invented, and only people enforce them again. And again, this coin has two sides, because there must be some laws in earthly life, because otherwise there would be complete chaos. And this is always the case with euthanasia. You introduce one argument, and a counterargument appears immediately. For this reason, in my opinion, it is impossible to objectively assess whether euthanasia is ethical or not, because there are always supporters and opponents, and it is beyond human power to determine which one is right.

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