

Euthanasia An Active Area Of Research In Contemporary Bioethics: Challenges For The Society And The Professionals Of Health-Care.

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ABSTRACT

Introduction: Euthanasia refers to the practice of intentionally ending a life in order to relieve pain and suffering.

Aim of this review is to present different views and arguments about euthanasia and to discuss the legal regulations and the way that modern societies confront the inevitable dilemmas that it brings in surface. A literature review was conducted on google scholar for articles about the theme using as key words: euthanasia, active, passive, pros/cons, legislation.

Results: The results of the literature review came up with its pros and cons of it. Some of the pros are that it provides a way to relieve extreme pain, a way of relief when a person's quality of life is low and an insurance of the rights of dignity and self-determination. The basic cons of it is that it devalues human life, it has become a means of health care cost containment and that there are objections about the expressions of willingness for people under high psychological pressure or for population groups like older people with dementia or mentally ill.

Under the pressure of the new circumstances in the last decades, Euthanasia became the subject of legislative interventions in a number of countries. But even the most complete regulatory framework cannot predict all the aspects. Every different case will always be a confrontation with important existential and emotional issues.

Conclusion: Before resulting in Euthanasia, a person must consider the situation. There are a lot of circumstances under which euthanasia is a reasonable and responsible choice. Each case is different from another.

INTRODUCTION

Euthanasia is a word with a Greek origin meaning "good death" and refers to the practice of intentionally ending a life in order to relieve pain and suffering. The British House of Lords Select Committee on Medical Ethics defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering" (Harris, 2001).

The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body (Bacon & Vickers, 1996) .

Euthanasia may be classified according to whether a person gives informed consent into three types: voluntary, non-voluntary and involuntary (Perret, 1996; LaFollete, 2002)

Voluntary euthanasia is conducted with the consent of the patient and active voluntary euthanasia is legal in Belgium, Luxembourg and the Netherlands. Passive voluntary euthanasia can be described as the case when the patient brings about his or her own death with the assistance of a physician and it is legal throughout the U.S. The term assisted suicide is often used instead. Assisted suicide is legal in Switzerland and the U.S. states of Oregon, Washington and Montana.

Euthanasia conducted where the consent of the patient is unavailable is non-voluntary euthanasia. Examples include child euthanasia, which is illegal worldwide. Euthanasia conducted against the will of the patient is termed involuntary euthanasia (LaFollete, 2002).

Voluntary, non-voluntary and involuntary euthanasia can all be further divided into passive or active. Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life. It must be underlined that passive euthanasia is when death is brought about by an omission by withdrawing or withholding treatment. Specifically withdrawing treatment means switching off a machine that is keeping a person alive, so that they die of their disease and withholding treatment means for example not carrying out surgery that will extend life for a short time (Rachels, 1975; Harris, 2001).

Active euthanasia is when a person directly and deliberately causes the patient's death while assisted suicide is when the person who wants to die needs help to kill himself, asks for it and receives it. Active euthanasia entails the use of lethal substances or forces, such as administering a lethal injection, to kill and is the most controversial means. Indirect euthanasia is when treatment is provided, usually to reduce pain and that has the foreseeable side effect of causing the patient to die sooner. Euthanasia is a matter of controversy because some argue that human beings have the right to die when and how they want to and they are in favour

of euthanasia and others acknowledge that euthanasia creates some problems that remain even after imposing strict regulations and they are against it. Christians are mostly against euthanasia because they believe that life is given by God, and that human beings are made in God's image and to propose euthanasia is to judge that the current life of that individual is not worthwhile and such a judgement is incompatible with recognising the worth and dignity of the person. Christians believe that the intrinsic dignity and value of human lives means that the value of each human life is identical so patients in a persistent vegetative state, although seriously damaged, remain living human beings, and so euthanasia is not a choice instead community should face death and dying with honesty and support (Rachels, 1975).

ARGUMENTS IN FAVOR OF EUTHANASIA

A basic argument in favor of euthanasia state that Legalizing euthanasia would help alleviate suffering of terminally ill patients. It would be inhuman and unfair to make them endure the unbearable pain. In case of individuals suffering from incurable diseases or in conditions where effective treatment wouldn't affect their quality of life; they should be given the liberty to choose induced death. Maintaining life support systems against the patient's wish is considered unethical by law as well as medical philosophy. If the patient has the right to discontinue treatment why would he not have the right to shorten his lifetime to escape the intolerance of the situation. Robert Ingersoll argued for euthanasia, stating in 1894 that where someone is suffering from a terminal illness, such as terminal cancer, they should have a right to end their pain through suicide (Dowbiggin, 2003).

Another point of view has to do with the dignity of the person who dies. Although the attribute of life is a supreme value, cannot rise up over dignity. The patient in the final stage is surrounded by machines supportive of life, exhausted and with feelings of despair. The insufferable pain, the weakness, the frequent lack of contact with the environment, flatten his dignity. Many patients choose euthanasia as a dignified outlet from life, when the others are sealed. (Beauchamp, 1996; Stuart et al, 1998).

At the same time euthanasia is viewed by many as a right in the fields of the self-determination and autonomy of the person. The community must respect the autonomous individual choice of person who dies because with this way show respect to the person himself. The belief that society knows best how someone can regulate life and death deprives the essence of individual freedom and autonomy of choice (Foster, 1995).

Supporters of euthanasia also claim that in many cases the basic fear of a terminally ill patient is not

connected with death but with the conditions under which he has to live. Nailing down in a bed for a long period, the dependence from medical equipment and the possibility to stop having contact with surroundings, magnify the despair in an already nerve-racking condition (Crippen, 1991).

Another argument, which associated with the humanitarian treatment of patient, relies on the doctor's obligation to ease the pain. According to medical ethics, which based on Hippocratic oath, doctor must not harm the patient. Although something like that at the first glance prohibits euthanasia, with another reading, it justifies it as a practice. The doctor is morally justified when his exclusive motive is the good of the patient. Maintaining in life with every possible sacrifice isn't always the most beneficial option, especially when accompanied by extreme agony, existential anguish and pain (Beauchamp & Childress, 1994; Battin, 1994).

ARGUMENTS AGAINST EUTHANASIA

Arguments that are against it claim that human life deserves exceptional security and protection and that advanced medical technology has made it possible to enhance quality of human life. Palliative care and rehabilitation centers are better alternatives to help disabled or patients approaching death live a pain-free and better life. There is no way someone can be really sure if the decision towards assisted suicide is voluntary or forced by others. Even doctors cannot predict firmly about period of death and whether there is a possibility of remission or recovery with other advanced treatments. Legalizing euthanasia would be like empowering law abusers and increasing distrust of patients towards doctors. A 2010 study published in the Canadian Medical Association Journal found that 32% of all euthanasia deaths in the Flanders region of Belgium were without request or consent (Smets et al, 2010).

Another study made in 2010 and was published in the Lancet indicates that there were approximately 300 deaths without explicit request or consent in the Netherlands (Onwuteaka-Philipsen et al, 2010).

One of the bad arguments sometimes used against euthanasia comes from Leo Alexander who was a judge at the Nuremberg trials after World War II who employed a classic slippery slope argument (a fallacy that occurs when the conclusion of an argument rests upon the claim that a certain event will set off a chain reaction leading in the end to some undesirable consequence, and there is not sufficient reason to think that the chain reaction will actually take place) to suggest that any act of mercy killing inevitably will lead to the mass killings of unwanted persons (Balkin & Lane, 2005).

Moreover, the introduction of euthanasia in the modern environment of privatizing health care hides significant risks of abuse as a systemic practice. Given

that cost for maintenance in life in several cases of serious diseases is high, the "temptation" to be used, not as a last resort but as a first-line option, is a real risk (Prado & Taylor, 1999).

At the same time the special conditions under which the patient in the final stage is faced with the choice of euthanasia, are such, that several times reverse the character of free choice. The long remaining in a "sterile" medical environment, the despair and desperation, often trigger emotional disorders such as depression that leads to an expression of wish of death, which seems more as the result of mental disorder, rather than a conscious choice (Beauchamp & Childress, 1994).

Besides for entire population groups such as older people with dementia, mentally ill, and people with disabilities, euthanasia enclose additional risks. In several of these cases the issue of full-conscious choice is in serious doubt (Prado & Taylor, 1999).

Also when the expression of desire for euthanasia is oral, is no strongly guaranteed. People are not always mean what they say, particularly under conditions of high pressure. At the same time, each the reproduction of spoken words is highly interpreted. Therefore a simply stated desire is just "possible" and "not sure" in an absolute way (Sommerville, 1995).

At the same time there are objections for the fact of the expression of willingness on behalf of someone else. This possibility concerns cases in which the patient cannot communicate, and the decision has to be taken by the family (Sommerville, 1995).

EUTHANASIA: AN OPEN CHALLENGE IN THE CORE OF BIOETHICS

The dilemmas that come to the forefront, associated with the dominating system of values for death, that prevails in an era. The views that are related to the manner of perception of death are changeable and under permanent reconstruction. The way under which society perceives death, depends on the historical, social and cultural context (Aries, 1981).

The French philosopher Aries (1981) relying on analyses of the perceptions and practices that accompany death in the history of the civilized world, distinguished four systems of perception of the end of life. The first one is found in primitive societies and continues until the middle age. It reflects the view that death is something normal. This comes as a result of familiarity with the end of life due to diseases, wars and other natural disasters. The second system of death's perception appears on track between the 12th and 15th century, under the weight of religious interpretation systems of the world, where death is connected with the "final crisis" of the person's acts and begins to be treated more as something undesirable and awesome,

because is linked to the probability of souls going in hell. On the death system that dominated in the 19th century fear carried on the "death of the other". Here is not deplored the death in general, but the separation, and the lament concerns more those who keep living after the loss of their familiar person. Finally the system that prevails nowadays and comes as a result of medical progress and longevity almost refuses to accept the fact of death (Aries, 1981).

We see therefore how attitudes to death and to things that are connected to (among them and the question of euthanasia) are not something stationary. They continue to develop, following the society evolution and all the dilemmas in which each time lies ahead.

Today's requirements impose the re-examination of issues like euthanasia and put forth its lawful and legislative regulatory. Under the weight of the new circumstances in the last decades, euthanasia became the subject of legislative interventions in a number of countries.

In the Netherlands since 1 April of 2002 voluntary active euthanasia is allowed. "The Dutch Termination of Life on Request and Assisted Suicide Review Procedures Act" defines the objective criteria for the submission of the request of the patient, for the ascertainment and observance of which responsible is the doctor (Jassen, 2002).

In the footsteps of Netherlands, Belgium vote "The Belgian Act on Euthanasia" The Belgian law allows voluntary euthanasia for adults. However provides more strict procedures and involvement of more people than the doctor (lawyers and people who provide care or patients) (Cohen-Almagor, 2009).

Assisted suicide has been legal in Switzerland since 1940, and falls under Article 115 of the Swiss penal code. According to the law it is a crime if and only the motive is selfish. If this cannot be established, there is no crime. The procedure is attended by police and isn't necessary to be performed by a medical doctor (Hurst & Mauron, 2003).

In the State of Oregon in USA medical assisted suicide is allowed since 1994, with "Death With Dignity Act of 1994". The law, that enacted in 1997, settle the presuppositions are strict too and the law refers only to citizens of Oregon. The following years assisted suicide became legal and in two other states, Washington and Montana (Oregon Department of Human Services, 2006; Ebbott, 2010).

On 25 May 1995 the North territory of Australia became the first place that passed the "right to die" to legislation. The "Rights of the Terminally Ill Amendment Act" finally lasted 9 months, before being overturned by the Australian Federal Parliament. Since then they have been a lot of legislative attempts. "Dying with Dignity Bill" which finally defeated by the Tasmanian

Parliament is one of the last (Bartels & Otlowski, 2010).

Luxembourg is the most recent Country to have passed a law legalizing Euthanasia and assisted suicide. The condition of the field are similar to those in Netherlands. The law hasn't pass without controversy and the Grand Duke Henri, country's monarch, refused to sign it for reasons of conscience as a catholic (Ebbott, 2010).

Except the above, the European "Convention of Human Rights and Biomedicine" of Oviedo (1997), which has been ratified by several European countries, indirectly refers to the issue of euthanasia. With the Article 5 protects the right of a person to refuse medical treatment. It is a text that recognizes and guarantees the voluntary passive euthanasia.

But if euthanasia at the level of and legalization and legislation has to do with the institutions of official state, that are obliged to promote social willingness, at the level of everyday life occupy those who provide health-care to patients in the final stage.

The provision of care to people who are near death is a highly stressful condition that causes strong and contradictory emotions. In many researches about the treatment of those patients by the nursing staff, it seemed that the lack of proper preparation in cognitive and especially emotional level, leads to elevated levels of anxiety and emotional detachment (Samarel, 1995).

Interventions for the relief of the person near death has five objectives: the maintenance in life in a way that offers physical and emotional relief, the handling of the physical deterioration, the coping of existential and spiritual issues, the organization of care for the remaining family members and the preparation for death (Samarel, 1995).

So regardless of whether or not euthanasia is allowed, doctors and nurses are daily come faced with the issue of death and the treatment of patients and their family, in the field of clinical practice. The ban on euthanasia leads to queries the professionals who believe that should be established in order to relief many patients from a painful prolongation of life. The possibility of setting up, on the other hand, will bring them face to face with acute ethical dilemmas, the negotiation of which requires proper training and preparation on many levels. The questions are numerous and multi-faceted and the answers are anything but easy. Moreover, each case is unique and no regulatory framework can provide the most efficient response to dilemmas that every time created.

In a case in 1990, Nancy Cruzan had been into a coma after a car crash that happened in 1983. Her parents wanted the machine that was keeping her alive to be removed. However, in this case the machine consisted of feeding tubes that provided her with hydration and nutrition. These tubes would give Cruzan

extra hope of living so that the doctors could continue to do work on her to see if she would show any signs of coming back to life. Her parents viewed the removal of the machine as the termination of unwanted treatment. They had to make a very difficult decision that would not be easy for anyone. They did not want their little girl to die but they had little hope of her survival and wanted to do what was best. They end up choosing to discontinue the use of her feeding tube so she would not suffer anymore. They felt this was the best option for their daughter. Cases like this show as that even if we wanted to freeze the discussion about euthanasia and assisted suicide, it would be impossible since reality in everyday clinical practice brings as face to face with the need of concrete actions (Glover, 1990).

CONCLUSION

In the past years there has been much discussion about euthanasia all over the world. Thanks to scientific progress people live longer and doctors can sometimes keep them alive for a long time with the help of machines. In the second part of the 20th century the requirement of the right to die has emerged by many people.

At the same time the discussion has led to legislative regulations in a number of countries. In some of them, like Switzerland, Belgium or the Netherlands certain types of euthanasia are legal. In other countries where it is illegal, in many occasions' courts do not punish people who put it on, practice with one or another way.

For those who provide care in terminally ill patients euthanasia is an open dilemma in every day clinical practice. Even the Hippocratic Oath gives very good reasons in favor or against, when commits practitioners to "do no harm."

On the other hand supporting or not supporting euthanasia is a very important family and personal decision that should not be left up only to doctors or any other adults but the ones most important to the situation that is happening at hand.

Before resulting in Euthanasia, a person must consider the situation. There are a lot of circumstances under which is a reasonable and responsible choice. At the same time the establishment of euthanasia as a practice, hides a lot of dangers and requires answers in crucial questions.

Even the legislation attempts which are necessary cannot predict answers for all facts, since each case is different from another. The professional ethical codes, the proper training and preparation in emotional level and the legal field can function as supports for professionals. The decisions that have to be taken in every case will always be a confrontation with hard and difficult existential and emotional issues.

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