

Euthanasia

Name

Institution

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When dealing with terminally ill patients, physicians are faced with the hard task of deciding how best to offer care. In some instances, a person may be terminal or in a vegetative state such that issues of end-of-life decision comes into play. This raises the question of euthanasia whether it should be allowed or prohibited (Frey & Wellman, 2008).

Euthanasia is also commonly known as assisted suicide or physician-assisted suicide, and even more loosely it is called mercy killing. Euthanasia simply refers to the essence of taking an action that deliberately leads to the death of another person to alleviate persistence pain. For instance, if a physician gives a terminally ill cancer patient an overdose of painkillers, and this results in death, it is considered as euthanasia. There are two classifications of euthanasia that are known. This includes voluntary euthanasia where the patient provides consent and involuntary euthanasia the patient does not give consent (Frey & Wellman, 2008, p. 326). For example, involuntary euthanasia occurs when a family member gives consent since the patient is not capable of doing it on his\her own.

There are two types of euthanasia, and these are passive and active. Passive euthanasia refers to situations where the life-sustaining support or treatment is withheld. For example, when a doctor withholds antibiotics from a patient suffering from pneumonia, and slowly this patient's life withers away. Active euthanasia means deliberately intervening or injecting lethal substances that cause death. This for example, can occur when a lot of sedatives are given to a terminally ill patient leading to death (Frey & Wellman, 2008, p. 327).

According to Rotar, Teodorescu, and Rotar (2014, p. 428) euthanasia is illegal in most countries, but some nations such as Belgium, Luxembourg, and also Holland advocate for active euthanasia. Using the laws passed in these countries, a physician can deliberately take an action

that can result in the death of a terminally ill patient. This means a person can be given a large dose of painkillers or muscle relaxants that causes a coma and eventually death. However, there are legal requirements in these countries for euthanasia to be conducted. The person must make an active, as well as voluntary request that he/she wants to end their life. It should be determined that such a patient has sufficient mental capability that allows them to make an informed decision about the care they want to be provided. It should also be approved that such a person is experiencing unbearable pain, and there is no possibility of this condition improving. In other countries, though, the law is less clear where some forms of physician-assisted suicide, and passive euthanasia are carried out but active euthanasia is considered illegal. For instance, some forms of assisted suicide as well as passive euthanasia are legalized in Switzerland, Mexico and in some American states such as Oregon and Washington DC (Rotar, Teodorescu & Rotar, 2014, p. 428).

A sample case when euthanasia occurred happened in 1993. In March of 1993, Anthony Bland who had remained in a vegetative state for three years had a court order declare that he was allowed to die with dignity. A judge at the High Court in London allowed physicians to disconnect feeding tubes that were keeping him alive. Another case is of Dr. Cox, who injected a lethal dose of potassium chloride that instantly killed Lilian Boyes, who was terminally ill. Mrs. Boyes had requested that she wanted to end her life because she had a terrible case of arthritis that caused immense pain. These two cases show how euthanasia was used to help critically ill patients die with dignity.

Arguments in support of euthanasia constantly cite that an individual who is terminally ill has the right to decide on what is best for his/her life. This person can choose to accept or reject treatment and instead embrace a dignified end. The argument is that it would be inhumane and

unethical to force a person who has no hope of getting better to continue suffering. Another argument in support of euthanasia is that it not only alleviates the suffering of the patient but for the family too. Terminally ill patients cannot take care of themselves and as such the family has to be there around the clock to offer support. The suffering of their loved ones brings immense pain for them (Frey & Wellman, 2008, p. 329). Euthanasia can also reduce the financial strain on the health care system. Most people who are terminally ill can stay for prolonged periods in hospitals, and they have no hope of getting better. When euthanasia is legalized, such money can be directed to other areas of the healthcare system. Finally, it can also reduce the financial strain on families who have to pay hospital bills for months or years (Rotar, Teodorescu & Rotar, 2014, p. 427).

Opponents of euthanasia declare that doctors have a moral duty to care and preserve life. Resulting to euthanasia is the Hippocratic Oath that promotes death over preservation of life. The other argument is that euthanasia can be misused where patients who can eventually get better can easily be allowed to die. The “slippery slope” here is that euthanasia can be turned to murder or misused such that those from low incomes can be targeted to generate incentives by insurance agencies to end lives so that they can save money. Finally, the presence of new medical technology has allowed treatments that enhance the quality of life. For instance, through palliative care and also rehabilitation physicians can manage pain and suffering of terminally ill patients (Frey & Wellman, 2008, p. 330).

Ultimately, applying euthanasia to an ethical theory can help in understanding the concept better. Utilitarianism declares that an action can only be judged as good if it brings happiness for the highest number. When applied to euthanasia, when a person gives consent to die, this death allows them to be relieved of pain. In this case, it is not only the pain of the patient

that goes away but also the family finds relief that their loved is no longer suffering, and even the healthcare facility can transfer their resources to other departments. This means euthanasia brings the greatest happiness for the most people as opposed to constant suffering all the time. Following rule utilitarianism, the rightness of a rule is evaluated based on the amount of happiness it causes when it is followed. In this case, the assisted suicide becomes the right rule because it brings more happiness than when the patient is left to endure endless suffering (Singer, 2003).

In my opinion, euthanasia should be legalized because, with proper regulation, it will function like all other laws. It is a law that would enhance personal autonomy, and the right to die would remain protected just like other constitutional securities that ensure rights of marriage, medical treatment, and even refusal to have treatment. Euthanasia, just like all other laws, it would still have some problems. For instance, the law prohibits people from stealing but evil people continue to do so. However, the law ensures that such people can be prosecuted and punished appropriately. In the same way, with proper laws, euthanasia can be implemented, and misuse of the procedure can be deterred by using punishment such as life in prison. However, the fear of misuse should not deter legislators from encouraging a practice that can enhance the quality of life by alleviating pain.

References

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