

Euthanasia

Mercy Killing

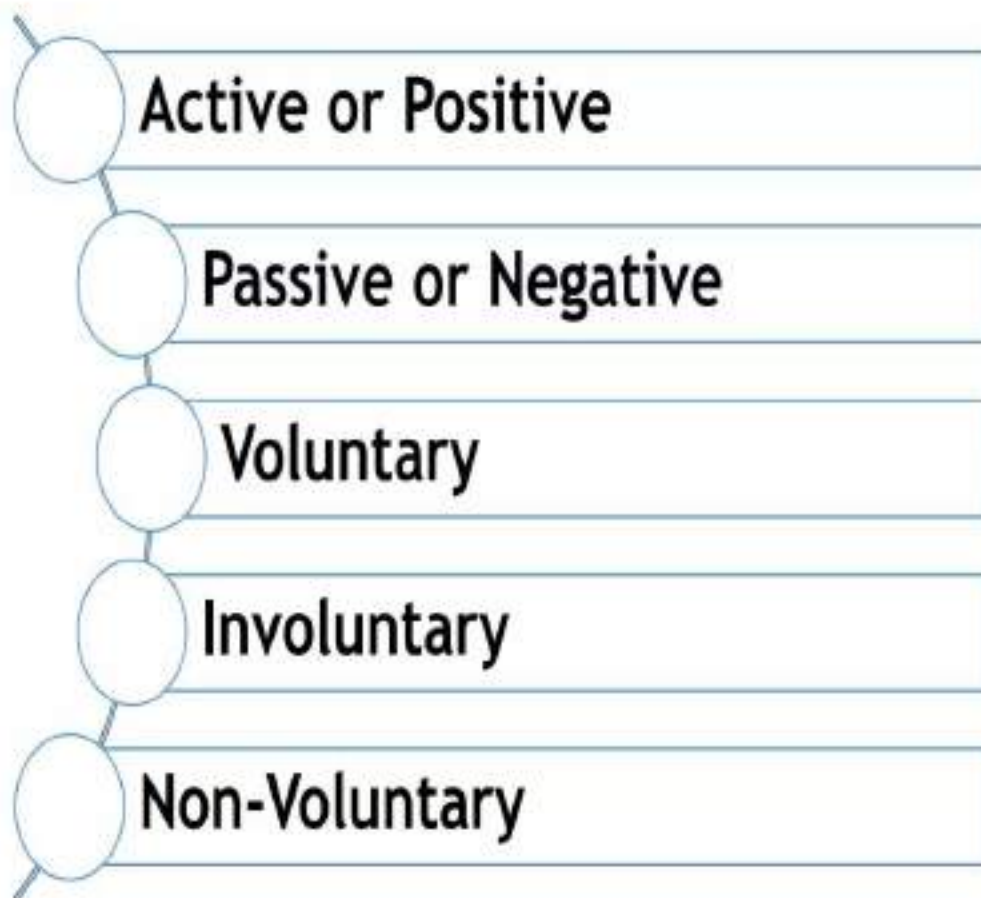
WHAT IS EUTHANASIA?

- **EUTHANASIA** comes from the Greek words: **Eu (good)** and **Thanatos (death)** and it means “Good Death”, “Gentle and Easy Death.”
- Now it means “**the act of inducing an easy death**”, usually referring to acts which terminate or shorten life painlessly in order to end suffering where there is no prospect of recovery.
- This word has come to be used for “**mercy killing**”.
- It is the act or **practice of ending a life** of a person either by a lethal injection or suspension of medical treatment.

Euthanasia raises agonizing moral questions like these:

- Is it ever right for another person to end the life of a terminally ill patient who is in severe pain or persistent other suffering?
- If euthanasia is sometimes right, under what circumstances is it right
- Is there any moral difference between killing someone and letting them die?
- Netherlands was the 1st country legalized euthanasia.

WHAT ARE THE TYPES OF EUTHANASIA?



Forms of euthanasia

- **Active euthanasia** is when death is brought about by an act - for example when a person is killed by being given an overdose of pain-killers.
- **Passive euthanasia** is when death is brought about by an omission - i.e. when someone lets the person die. This can be by:
 - 1 Withdrawing treatment: for example, switching off a machine that is keeping a person alive so that they die of their disease.
 - 2 Withholding treatment: for example, not carrying out surgery that will extend life for a short time.

- **Voluntary euthanasia** occurs at the request of the person who dies.
- **Non-voluntary** euthanasia occurs when the person is unconscious or otherwise unable (for example, a very young baby or a person of extremely low intelligence) to make a meaningful choice between living and dying, and an **appropriate person takes the decision on their behalf.**
- **Involuntary:** euthanasia occurs against the will of the patient. It is a murder.

- Indirect euthanasia

- This means providing treatment (usually to reduce pain) that has the side effect of speeding the patient's death.
- Since the primary intention is not to kill, this is seen by some people (but not all) as morally acceptable.

- Assisted suicide

- Someone provides an individual with the information, guidance, and means to take his or her own life with the intention that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called "**physician assisted suicide.**"
- It may be something as simple as getting drugs for the person and putting those drugs within their reach.

• The moral difference between killing and letting die

- Many people make a moral distinction between active and passive euthanasia.
- They think that it is acceptable to withhold treatment and allow a patient to die, but that it is never acceptable to kill a patient by a deliberate act.
- In active euthanasia the doctor takes an action with the intention that it will cause the patient's death, in passive euthanasia the doctor lets the patient die with the intention that it will cause the patient's death, so there is no real difference between passive and active euthanasia.

Arguments in favour of euthanasia

- **Euthanasia happens anyway**

"if we don't make abortion legal so that people can have it done in hospital, people will die from backstreet abortions".

- **Medical resources**

Euthanasia may be necessary for the fair distribution of health resources.

- some people who are ill and could be cured are not able to get speedy access to the facilities they need for treatment.
- At the same time health resources are being used on people who cannot be cured, and who, for their own reasons, would prefer not to continue living.

- **The right to die**

- Many people think that each person has the right to control his or her body and life and so should be able to determine at what time, in what way and by whose hand he or she will die.
- ***Religious opponents*** disagree because they believe that the right to decide when a person dies belongs to God.
- ***Secular opponents*** argue that whatever rights we have are limited by our obligations. The decision to die by euthanasia will affect other people - our family and friends, and healthcare professionals

Arguments against euthanasia

- ***Religious arguments***
- ***Ethical arguments***
- ***Practical arguments***

• **Against the will of God**

- Euthanasia is against the word and will of God

To kill oneself, or to get someone else to do it for us, is to deny God, and to deny God's rights over our lives and his right to choose the length of our lives and the way our lives end.

•The value of sufering

It isn't easy to define sufering - most of us can decide when we are sufering but what is sufering for one person may not be sufering for another.

Some people think that sufering is just one of the tests that God sets for human beings, and that the way we react to it shows the sort of person we are, and how deep our faith and trust in God is.

Sufering is something which draws upon all the resources of a human being and enables them to reach the highest and noblest points of what they really are.

• **Against best interests**

- Euthanasia may not be in the best interests of the patient:
- The diagnosis may be wrong, and the patient is not terminally ill
- The prognosis may be wrong, and the patient is not going to die soon
- The patient is getting bad medical care and their suffering could be relieved by other means
- The patient requests euthanasia because of a passing phase of their disease, but is likely to feel much better in a while

- **Other people have rights too**
- Euthanasia is usually viewed from the viewpoint of the person who wants to die, but it affects other people too, and their rights should be considered.
- family and friends
- medical and other careers
- We should also balance our individual right to die against any bad consequences that it might have for the community in general.- such as making involuntary euthanasia easier and so putting vulnerable people at risk.

Regulation of euthanasia

- **It's not possible to regulate euthanasia**
- Euthanasia opponents don't believe that it is possible to arrange laws and guidelines that will prevent the abuse of euthanasia.

- **Devalues some lives**

- Some people fear that allowing euthanasia sends the message, "it's better to be dead than sick or disabled".
- Some societies have regarded people with disabilities as inferior, or as a burden on society and should be prevented from having children or even eliminated.

•Doctors and power

- It gives doctors too much power
- In most of these cases the decision will not be taken by the doctor, but by the patient. The doctor will provide information to the patient to help them make their decision
- Some doctors have been shown to take these decisions improperly, defying the guidelines
- Do Not Resuscitate orders are more commonly used for older people and, in the United States, for black people, alcohol misusers, non-English speakers, and people infected with Human Immunodeficiency Virus. This suggests that doctors have stereotypes of who is not worth saving.

- **Proper palliative care makes euthanasia unnecessary**
- Palliative care is physical, emotional and spiritual care for a dying person when cure is not possible. It includes compassion and support for family and friends.

Oregon's Death With Dignity Act

The US state of Oregon legalized physician assisted suicide in 1998. During the first three years only around 2 people a month used this to end their lives.

In 2024, 607 people were reported to have received prescriptions under the DWDA.

The criteria required for DWDA:

- The patient must make two oral requests to the attending physician, separated by at least 15 days.
- The patient must provide a written request to the attending physician, signed in the presence of two witnesses, at least one of whom is not related to the patient.

- The attending physician and a consulting physician must confirm the patient's diagnosis and prognosis.
- The attending physician and a consulting physician must determine whether the patient is capable of making and communicating health care decisions for him/herself;
- If either physician believes the patient's judgment is impaired by a psychiatric or psychological disorder (such as depression), the patient must be referred for a psychological examination;
- The attending physician must inform the patient of feasible alternatives to the DWDA including comfort care, hospice care, and pain control;

DNR - Do Not Resuscitate

- DNRs are Do Not Resuscitate orders. A DNR order on a patient's file means that a doctor is not required to resuscitate a patient if their heart stops and is designed to prevent unnecessary suffering.
- The usual circumstances in which it is appropriate not to resuscitate are:
 1. when it will not restart the heart or breathing.
 2. when there is no benefit to the patient.
 3. when the benefits are outweighed by the burdens.

Guidelines of DNR

- The UK medical profession has quite wide guidelines for circumstances in which a DNR may be issued:
- if a patient's condition is such that resuscitation is unlikely to succeed
- if a mentally competent patient has consistently stated or recorded the fact that he or she does not want to be resuscitated
- if successful resuscitation would not be in the patient's best interest because it would lead to a poor quality of life

DNR IN JORDAN

There are no clear decisions from the Jordanian Ministry of Health permitting or prohibiting the application of the DNR in ministry hospitals, nor is there a clear legal regulation for this issue. However, the King Hussein Cancer Center and some private hospitals implement it.

المادة ١٦ أ- لا يجوز إنهاء حياة متلقي الخدمة أياً كان السبب ولو كان بناء على طلبه او طلب وليه او الوصي عليه .

ب- لا يجوز رفع اجهزة الانعاش عن متلقي الخدمة إلا اذا توقف القلب توقفأ تامأ ونهائياً ، او توقفت جميع وظائف الدماغ توقفأ تامأ ونهائياً وفقاً للمعايير الطبية الدقيقة وقرر الاطباء المعالجون بان هذا التوقف لا رجعة فيه .

المادة ٨- يحظر علم مقدم الخدمة ما يلي:-

ي- إجراء أبحاث أو تجارب طبية على الإنسان إلا بعد موافقته الخطية والحصول على تصريح كتابي بذلك من الجهة التي تحددها الجهات المعنية وحسب التشريعات النافذة.

ب- يعاقب بالحبس مدة لا تقل عن ستة اشهر وبغرامة لا تقل عن (١٠٠٠) دينار او بإحدى هاتين العقوبتين كل من يخالف أحكام الفقرة (ي) من المادة (٨) من هذا القانون.

