

Euthanasia

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Case scenario 1

70-year-old man with advanced cancer with severe pain was not responsive to morphia and asked the doctor to kill him and save him from suffering. The doctor refused, claiming that he could not commit illegal homicide. The doctor also refused to give the patient any advice about suicide. On the patient's insistence, the doctor agreed to stop hydration and nutrition to enable slow death.

Case scenario 2

A car accident victim in severe shock was wheeled into the Emergency Room with unrecordable blood pressure or pulse. ECG showed low amplitude slow waves. The doctor did not declare death, but-against the insistence of family members-refused to institute life support because he reasoned there was no hope. The patient was declared dead one hour later. The family threatened to charge the doctor.

Karen Ann Quinlan



- At age 21 (in 1975) she attended a party with friends after not eating for a couple of days.
- A combination of ethanol and Valium caused her to pass out. Attempts to wake her were unsuccessful and she was taken to the hospital in a coma. Her condition did not improve, however, and she needed a ventilator to breathe. Five months later doctors determined she was in a “persistent vegetative state
- Her parents asked the hospital to remove Karen from ventilator allowing her to die. The hospital refused.
- Parents went to court to remove her daughter from the ventilator with the state opposed, saying to do so would constitute homicide.
- After their successful appeal in 1976, Karen Ann was removed from the ventilator, although they left in a feeding tube which was not considered “extraordinary means.” She did not die immediately after removal of the ventilator, though. In fact, she survived another 9 years, dying of pulmonary failure brought on by pneumonia on June 11th, 1985. Her case influenced both legal and medical practices, helping to establish a “right to die.”

Definitions

- 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 hope for 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:

- Arguments about euthanasia often hinge on the “right to life” and the “right to die”.
- The first is a widely accepted basic human right and moral value based on the fact that people generally want to live. But what should we do when seriously ill people no longer want to live? Do they have a right to die?
- Is it ever right for another person to end the life of a terminally ill patient who is in severe pain or enduring 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?

Forms of euthanasia

WHAT ARE THE TYPES OF EUTHANASIA?

What done?

Active or Positive

Passive or Negative

Voluntary

Involuntary

Non-Voluntary

Patient will

According to the patient's will into:

- **VOLUNTARY EUTHANASIA**, sometimes called “**assisted suicide**”, is used in cases where the sufferer has made it clear that s/he wishes to die and has requested help to bring this about.
- When the euthanasia is practiced with the *expressed desire and consent of the person* concerned.
- **INVOLUNTARY EUTHANASIA** occurs when no consent or wish to die is expressed by the sufferer.
- When the euthanasia is practiced *against the will of the person*.

- **NON-VOLUNTARY EUTHANASIA** - where patients cannot express a wish to die - patients in comas, infants, profound mentally retarded, severely brain damaged, cases of extreme senile dementia, those who cannot communicate for other reasons

The way in which the euthanasia is carried out can also be defined -

- **ACTIVE, or DIRECT, EUTHANASIA** involves specific actions (e.g. lethal drugs or injections) intended to bring about death.
- It means a positive merciful act to end useless sufferings and a **meaningless existence**. It is an **act of commission** for example by giving large doses of a drug to hasten death.

- **PASSIVE EUTHANASIA** is the practice, widely carried out and generally judged to be legal, where patients are allowed to die, by withdrawing treatment and/or nourishment.
- It implies discontinuing or not using extraordinary life sustaining measures to prolong life. Others include **act of omission** such as **failure to resuscitate** a terminally ill or incapacitated patient (e.g. a severely defective new-born infant).

- **WITHDRAWING TREATMENT:** For example switching off a machine that keeps the person alive.
- **WITHHOLDING TREATMENT:** For example not carrying out a surgery that will extend life of the patient for a short time.
- **INDIRECT EUTHANASIA** (sometimes referred to as "**the double effect**") is the practice of providing treatment, normally pain relief, which has *the side-effect of hastening death*. This is also widely practised and generally considered legal if killing was not the intention.

- **Physician 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 or doctor assisted suicide”.
- In doctor assisted-suicide, the doctor provides the patient with medical know-how (i.e. discussing painless and effective medical means of committing suicide) enabling the patient to end his / her own life.

DIS

AGREE

Arguments in favor of euthanasia

1. Safeguards:

- Legalizing euthanasia can provide legal safeguards and guidelines for the practice, ensuring that it is performed safely and ethically. This can prevent cases of euthanasia being performed without proper consent or due process..

2. 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.

3. Autonomy and dignity: Individuals should have the right to make decisions about their own lives and death, and to die with dignity. Legalizing euthanasia can give terminally ill patients the option to end their suffering and avoid prolonged pain and discomfort.

4- Compassion: Legalizing euthanasia can be a compassionate response to the suffering of terminally ill patients who have exhausted all treatment options and have no hope of recovery.

4- Medical resources / Economic considerations:

- 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.

Arguments against euthanasia

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

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

4- 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. As family and friends.

5- Regulation of euthanasia: (Slippery slope): Some people argue that legalizing euthanasia could lead to a "slippery slope" where the criteria for who can access euthanasia becomes broader and broader, eventually leading to involuntary euthanasia or euthanasia without the person's full consent

6- 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.

7- Potential for abuse: Legalizing euthanasia could create opportunities for abuse, or manipulation, especially for vulnerable populations such as the elderly or disabled.

8- Palliative care: With advancements in palliative care, it is possible to manage pain and symptoms effectively without resorting to euthanasia.

9- 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

- Countries which have legitimized euthanasia:
 - The Netherlands **the first country that legalize euthanasia (2000)**
 - Belgium
 - Oregon and Washington in the USA
 - Switzerland (only assisted suicide)
 - India (only passive euthanasia)

To be eligible for physician assisted suicide, an individual *must meet all four criteria*:

1. An adult (aged 18 or older);
2. Terminally ill with a prognosis of six months or less to live;
3. Mentally capable of making their own healthcare decisions; and
4. Able to self-ingest the medication.

Do Not Resuscitate orders (no code)

- 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.

ب- موقف المشرع الأردني من الموت الرحيم:

رفض المشرع الأردني فكرة الموت الرحيم نهائياً حيث نص في المادة (16/أ) من قانون المسؤولية الطبية والصحية رقم ٢٥ لسنة ٢٠١٨ على أن: " لا يجوز إنهاء حياة متلقي الخدمة أياً كان السبب ولو كان بناء على طلبه أو طلب وليه أو الوصي عليه".

وعليه نجد عدم جواز إنهاء حياة المريض، حتى لو كان ذلك بناء على طلبه، بل وتطرق إلى أبعد من ذلك في الفقرة الثانية من المادة (١٦) من ذات القانون سالف الذكر، حيث حدد حالات على سبيل الحصر بشأن رفع الأجهزة عن المريض، حيث نصت الفقرة على الآتي: " لا يجوز رفع أجهزة الإنعاش عن متلقي الخدمة إلا إذا توقف القلب توقفاً تاماً ونهائياً، أو توقفت جميع وظائف الدماغ توقفاً تاماً ونهائياً وفقاً للمعايير الطبية الدقيقة وقرر الأطباء المعالجون بأن هذا التوقف لا رجعة فيه".

قرار مجلس الإفتاء الأردني برقم (117)

- الواجب على المريض وأهله الأخذ بالوسائل العلاجية المباحة خاصة فيما يتعلق بإنعاش القلب صيانة للنفس وحفظاً لها من التهلكة، كذلك على الأطباء القيام بكل الإجراءات الطبية التي يمكن أن تساعد في إنعاش أعضاء المريض كالقلب والرئتين.
- أما إذا غلب على ظن الأطباء أنه لا أمل في إنعاش القلب، أو في الشفاء، فيجوز ترك الإنعاش، وهذا ما جاء في قرار مجلس الإفتاء الأردني برقم (117)، ونصّه: "رأى المجلس أنه لا مانع شرعاً من عدم وضع مريض السرطان على أجهزة الإنعاش أو التنفس أو مباشرة غسيل الكلى، إذا تأكد وتيقن الفريق الطبي المعالج أنه لا يوجد أية فائدة ترجى للمريض من ذلك، شريطة أن يؤيد ذلك تقرير من فريق طبي لا يقل عن ثلاثة أطباء، مختصين، عدول، ثقات.
- وذلك لأنّ وضع المريض على هذه الأجهزة، أو مباشرة غسيل الكلى، ليس له أي فائدة في شفاء المريض، ولا يقدم ولا يؤخر في أجل الموت.
- وعليه؛ فإنه يجوز للمريض إن كان واعياً التوقيع على نموذج مسبق بعدم إجراء الإنعاش القلبي له أو التوصية بذلك، أما إن كان المريض فاقدًا للوعي، فيجوز لأقربائه المقربين التوصية بعدم إجراء الإنعاش القلبي للمريض في حال توقف القلب؛ إذا ثبت طبيًا أنه لا فائدة من هذا الإجراء وفق كلام الأطباء المختصين الثقات