

# Euthanasia – legal, moral and ethical considerations

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## SUMMARY

The extensive debates about the implications of the euthanasia are not only discussion topics for sociologists or media subjects, but they are also urgent problems of humanity. The more complex discussions become, the less simple solutions and easy to apply exist. Neither today nor in the near future we can expect at convergent opinions regarding the complex subject of euthanasia.

The opponents of the euthanasia and assisted suicide justify their choice through the following arguments:

- Euthanasia is too radical, and instead of solving the problem, it destroys it.
- Euthanasia violates ethical principles, and doesn't have any justification in this case.
- Euthanasia is legally inadmissible.
- Euthanasia is difficult to be practiced.
- Euthanasia becomes less and less necessary with the advent of palliative medicine.

In favor of the euthanasia there are sustained the following arguments:

- Terminal patient with no chance of recovery.
- Unbearable and inadmissible pain.
- It must be practiced with the intention of suppressing the patient's pain.
- The patient must request euthanasia expressly.
- It must be practiced only by doctors, even if other people assist.
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- It must be performed according to an acceptable ethic method.

## DESCRIPTION OF THE ISSUE

### Definition of euthanasia

The word comes from the Greek euthanasia (eu = good, thanatas = death), that means “easy death”.

Euthanasia is the method through which the doctor induces a painless early death in order to put an end to a hard and prolonged suffering of an incurable ill person. Euthanasia may be active or passive.

Voluntary or active euthanasia will be done at the dying patient's request or the legally representative person's. It implies a deliberate action that produces death. Passive or negative euthanasia manifests when no therapeutically gestures are made, that may prevent immediate death or may prolong the life of the suffering patient.<sup>[1,2,3]</sup>

It comes into question whether or not there is a difference between to be alive or to live.

On current language, we frequently use terms like: life, death, to live, to whom we give their basic meaning. Instead, either of ignorance or for the desire of our psychic comfort, we ignore the paradox of these ontological notions. These terms are becoming today more and more difficult to define exactly, especially when the decision upon life and death is made by people. In this context, a discussion about euthanasia brings up many questions, often hard to response, especially if the response has to take into consideration moral, social, religious and economical reasons.<sup>[3]</sup>

### Historical aspects

Euthanasia has been accepted from the legal and moral point of view, on various forms, on different stages of civilization development. In ancient Greece and Rome, there were cases on which it was allowed to help somebody to die. The Greek writer Plutarh said that, in

Sparta, the infanticide was put into practice upon children who weren't "healthy and vigorous" enough.

On the other side, both Socrates and Plato have sanctioned euthanasia on various occasions, even if in Athens, the masters of that time kept a reserve of poison for everyone who wished to die. They said: If life was odious to you, is better to die; if you have been destroyed by fate, is better for you "to drink the poison". Voluntary euthanasia on elders has represented a practice approved by most ancient civilizations.<sup>[5]</sup>

In the course of history, the social constraint of the Church made the euthanasia to be officially forbidden. The Christianity, Judaism and Islamism, considered, each on their own way, life to be sacred and condemned euthanasia, no matter its form. Following the traditional religious principles, the today legislation of many countries considers the act of helping somebody to die as homicide, subject to criminal sanction. Even the passive euthanasia was often condemned. But it existed, undeclared, even where declared illegal.

Also, we often come up with the discharge from the hospital of some ill persons, at family's request or at doctors' suggestion, when the health status of these ill persons is considered to be above the current treatment options. The aspect of the problem is mutual for both parties: for the family because it avoids alleged complications and expenses with the autopsy, transportation and administrative formalities; for the healthcare the implications refer to spending cuts, free of a hospital bed and to the fact that it does not affect statistic indices by increased mortality.

This practice was criticized by those who invoked the so-called Euthanasia Committees, formed in the Nazi Germany and which were empowered to convict and execute anybody considered to be a burden for the state. This example of power abuse to decide over life and death has been for a long period time an argument against euthanasia.

### **Legislative aspects**

The issue of euthanasia legalization has been sustained by many organizations. Thus, such organizations come into being in Great Britain on 1935 and in USA on 1938. Here, the Euthanasia Society of America was formed, an organization which considered that "taking into account the necessary precautions, it can become legal to allow the incurable ill persons to choose immediately to die than live in agony". On 1979, EXIT Society from Great Britain published the first guide with

"prescriptions for suicide", on which details regarding suicide methods were presented. This was followed by another book entitled "Let Me Die Before I Wake". These organizations won some support from a part of the public opinion, but they weren't able to impose themselves worldwide. On past decades, the laws against passive and voluntary euthanasia became more permissive, but serious moral and legal questions still remained. Two recent referendums that took place on Washington and California States (USA) authorized the doctors from these two states to practice active euthanasia, this being considered "a new medical service". This was approved by 64% of the participants and by 79% of persons under the age of 35.

Otherwise, in USA there is a pro-euthanasia movement which promotes the right to die "with dignity" and which received a considerable encouragement after the inclusion, on 1990, into the legislation of 40 states of the recognition of a person's legal right to take his own "decision to live". This allows the current doctor not to perform any medical act which would prolong the life of a patient who is on the terminal stage of evolution of an incurable illness. On 1989, the prestigious medical journal, *New England Journal of Medicine*, stated that "it is not immoral for a doctor to rationally assist the suicide of an ill person on the terminal stage of an incurable illness."

In JAMA medical journal there was an article described the initiative of a doctor to inject a lethal dose of morphine to a person with cancer, without the patient's knowledge, which caused a real stir in the medical world. As a response, another article was published, entitled "Doctors Must Not Kill" on which "the killer doctor" has been accused of breaking civil laws, of not complying with medical protocols and of violating the most sacred medical canons.

In Holland, the country where euthanasia is legal, there are about 5000 cases of active euthanasia every year. This is done when: the patient freely, explicitly and repeatedly agrees with; both the patient and the doctor together agree that the suffering is extremely hard to tolerate; there are no other therapeutic possibilities; another doctor, who wasn't involved in the case, gives the agreement; there is an individual court decision given for the case. However, the complete procedure is pretty difficult and takes a long time to finalize. That's why, here as in other places, we can encounter the so-called "private killing"- a discreet active euthanasia where the official cause of death represents the respiratory arrest. But this is the result of a massive dose of narcotics,

evidently not declared, which creates the impression of a natural death. In Holland, 1.8% from the total amount of deaths is the result of active euthanasia, and 54% from the Dutch doctors have participated at least once to such an “execution”. It is a curious fact that there are multiple reasons for this gesture: dignity, pain, the lack of ethical and moral values, the feeling that they depend on others, the lack of appetite for life. Only on 10% of the cases, the pain represents the unique decision element.

### **Medical and ethical aspects**

The profession as a doctor has been always in the center of controversy concerning euthanasia. There are governments and religious groups that accept the idea that for ill persons on terminal stages of some incurable diseases and for whom there is no medical treatment, “exceptional means” to prolong their life (for how long, what is the quality of this life and what is the cost for this?) doesn’t justify. The progresses made on medical equipments give us the possibility of using the mechanical ventilation devices, by the aid of which we can supplement the function of the lung, of the artificial kidney and other devices that can keep a person “alive” for a long period of time even if this person is on a comatose state and will never recover in terms of the current medical knowledge; and the brain suffers from irreversible damages, incompatible with a somehow normal life (nutrition, communication, movement etc.). Such a situation makes the ill person and the family to suffer and is extremely expensive and not accessible on every hospital. <sup>[4,5,7]</sup>

On 1933, the American Medical Association gave a declaration entitled “The Doctor and the Dying Patient” which sustained that “the intentional shortening of a human being’s life by another human being comes in contradiction with the ethics of the medical profession”.

In order to support ethical and moral aspects the active euthanasia involves, a device was designed to assist the patients’ suicide. The first patient to use this device was a woman with the first Alzheimer disease, who being afraid that she won’t be able to take the decision of suicide on her owns she chose to do it this way.

The rapid progresses made on medicine, especially concerning organs transplantation, may lead to some abuses regarding euthanasia, due to the well known fact that the majority of transplanted organs come from patients considered to have no chance of survival, whose brain was already dead (fact demonstrated by well standardized criteria for establishing the death of the brain), but the activity of other organs is artificially

maintained by medical means and once they are interrupted the biological death occurs. The unreported interest of those who gather organs for transplantation is obviously the one of having as many donors as possible. Yet, the person from whom an organ has been transplanted, somehow “lives” into the body of the other person, keeps its genetic dowry and “helps” another person to live. <sup>[6]</sup>

It is trying to give new medical and legal definitions of death. The medical representatives are trying to explain this new reality.

Most of the countries accepted the term of cerebral death the point on which the most important nerve centers do not function anymore, this being the stage on which it is or it may become “legal” to turn off (with the agreement of the family) a device that maintains “life”.

On 1985, in USA, the so-called Rights of the Terminal Ill Person were adopted. These allow the ill person to choose passive euthanasia, if he freely makes this decision and is informed about the consequences. The controversies related to active euthanasia remain open, due to the activity of religious movements and of a large number of doctors. <sup>[7,8,9]</sup>

### **Religious aspects**

On 1958, “The Declaration of the Vatican Regarding Euthanasia” was issued. It stated that “The Church, now and ever was against taking one’s life, no matter the circumstances”.

Otherwise, depriving a person from his life, no matter the argued circumstances, represents the violation of the God’s law, which clearly states: “Do not kill!”

Maimonides (1135 - 1204), a great philosopher and physician of Jewish culture, called by his contemporaries “Moses the Second”, wrote: “A dying person has the right to be looked upon with the respect of a person alive”.

The Koran (Quran) says that euthanasia, even if requested by the ill person, is a sin, and those who will practice it will be “expelled from heaven”.

The arguments in favor of euthanasia must be filtered by the aid of the following questions:

- Is the selection of the patient really objective?
- Isn’t the selection of the patient influenced by the fact that “he would like to live, but he knows he is going to die?”
- Is death considered to be a place to escape or a place to “stay”?

By accepting the fact that a person or a group of persons, no matter the qualification level on this field,

can decide who must live or who must or may die, the creative powers of God are taken over by His creatures. Only God can decide when life has no more value. History experienced this substitution on the name of some so-called noble ideals, and “purifying the race”, so elitist declared, proved to be a fiasco. Killing represents a “contagious disease” mostly for this century, hard to control and with large multiplication tendencies.<sup>[5]</sup>

Death represents a private aspect of life. Its privacy is violated more and more often. The final point a person reaches during his life is also the moment of his last possible encounter with God. The medicine today brought not only benefits to the patients, but also ethical, legal and religious changes; has created dilemmas for ill persons, for their families and for the medical staff.<sup>[10, 11, 12]</sup>

Is euthanasia a solution? Is it the final solution? Definitely not! It signifies the requiem of the people with no hope, but also the challenge of those who believe that “the sufferings from today are not worthy to be compared with future glory” (Rom. 8,18).

#### **Conclusions:**

1. The doctor’s role on practicing his profession is essentially curative. It cannot be replaced, cannot have powers over life and death.
2. The doctor cannot decide upon ending life, he is not allowed in any way to exempt from the role of therapist.
3. Legislative provisions of each country come from habits, previous provisions, and taking laws from other systems remains an exception.
4. The Declaration regarding euthanasia, published on 5th of May, 1980 by The Congregation for the Doctrine of the Faith emphasize the meaning of the desire to die: “The prays of very ill persons who sometimes ask for their death does not have to be understand as a true will for euthanasia. They almost always represent requests for help and affection of some confused souls”.
5. The opinion in favor of active euthanasia has characteristic connotations and motivations, which are not identical with those sustaining death for compassion, characteristic for other historical periods. The current opinion is not limited to the humanitarian understanding of the fact when the “compassion factor” interferes, but it aims the need for legalization.

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