Euthanasia Essay, Research Paper

Euthanasia

Euthanasia: killing the dying. It?s OK – isn?t it?

What is euthanasia?

Euthanasia is the intentional killing of a person, for compassionate motives, whether the killing is by a direct action, such as a lethal injection, or by failing to perform an action necessary to maintain life euthanasia to occur, there must be an intention to kill.

What practices would be involved?

The most common suggestion is for voluntary (or “active”) euthanasia, where the person asks to be killed. Although those who advocate euthanasia do not like the use of the word “kill”, it is the only accurate, non-emotional word to describe the reality, and it is the word which the law uses. Assisted suicide is also now being proposed, where a person would be provided with the means of committing suicide, and would

then himself or herself perform the act Less commonly discussed is involuntary euthanasia. This concerns the killing of persons who cannot express their wishes because of immaturity (such as a new- born infant), mental retardation or coma. Here others decide that that person would be better off dead. By current law, all forms of ethane what is so-called passive euthanasia?

This term causes unnecessary confusion because it refers to actions, which are not any kind of euthanasia. They are: (a) the ceasing of medical treatment which is unwanted, or is imposing excessive burdens on the patient, or is incapable of providing any

Benefit, or (b) the use of drugs in necessarily large doses to relieve very severe pain, though such doses may endanger life. Medical actions intended to relieve suffering are ethical and lawful, as are the withdrawal of treatments, which are only unnecessarily prolonging dying. Though the patient may later die of his terminal illness and though such death was foreseen, death was neither intended nor caused by what was done. To describe these practices as euthanasia is misguided when it is mistaken or mischievous when it is used deliberately to confuse active killing with good medical practice.

Is this an important distinction?

It is extremely important to understand the difference between killing and letting die, when the person has expressed a preference to die, but it is a difficult concept for some, and can give rise to confusion. Asia are murder and assisting suicide is a criminal offence. When life-sustaining treatment is withdrawn for the reasons listed earlier, where the intention is to relieve suffering, the natural course of the underlying illness, which had been temporarily stayed, is thus allowed to run. If the diagnosis is correct, death will then result from this illness which was always going to be the eventual unavoidable cause, and this cause is recorded on the death

certificate. Until death occurs, every means of providing comfort must be maintained.

Euthanasia is different in its nature and its intention. Death is now the sole intended and the sole possible outcome, and is not due to any natural cause, even in those with terminal illness. It is chemically induced so that a new and otherwise impossible cause of death has been substituted for the one which was to be expected. From both the ethical and legal viewpoints, making a person die is different from letting a person die when it is medically proper to do so. If the death certificate is honestly completed, it will tell the story. Even the nature of the person’s request is different; one risk death, and the other seeks it. Prescribing for death would be unlike any other medical action.

For whom is euthanasia proposed?

Euthanasia has usually been proposed only for those with terminal illness with severe suffering, but more recently the concept has been extended to include persons who wish to die for some relatively trivial social reason, such as being tired of life.

The challenge of euthanasia is moral: “Can it ever be right to kill an innocent person?” In the light of what follows, the question

becomes, more starkly, “Can it be right to kill such persons unnecessarily?” Is there a real need for euthanasia? Those who care full-time for the dying rarely encounter a request to be killed, and when they do, it is almost always associated with depression or an intractable social problem. The advocates of euthanasia give the impression that there is a geat need for it, but they never provide any evidence to support this view. The reasonable conclusion is that when dying persons are well cared for, they have no need to ask to be killed. In that case, to introduce euthanasia would be doubly tragic, because it would be both inhumane and unnecessary.

Why is euthanasia proposed?

Because it is not widely known that modern care of the dying, called palliative care, can now effectively relieve almost all severe pain and significantly relieve emotional distress. Both those who wish to relieve distress by appropriate care and those who propose killing through ignorance are motivated by compassion. But there are enormous differences in the two approaches, involving morality, medicine, the law and the good of society. Euthanasia is said to be an expression of such things as death with dignity, the right to die, autonomy and so on. For the most part,

these are used as slogans, without understanding their true meanings. Dying persons are treated with true dignity when their genuine needs are met by providing effective, loving care which values the worth of every fellow human, in distress or not. Although a right to die is claimed, what is meant instead is a right to be killed. There has never been a right to be killed in any code of ethics. It is a spurious concept, and no argument is ever made to support it. The right to respect for one’s autonomy

(self-determination) is different, in that it is a genuine human right, but one which is often misunderstood. In the context of euthanasia, it is implied that a person’s wish to die must be so respected as to give it power to bind others to act. That is both

simplistic and wrong, since nobody may have anything in life just because he or she asks for it, no matter how sincerely. Since there is no right to be killed, others are not required to kill, nor should they do so.

Should the law be changed?

Current law recognises the right of every mentally competent person to refuse unwanted medical treatment, but not the right to take one’s own life. In fact, everyone is legally empowered to prevent attempted suicide. Thus, the lives of all innocent persons are protected. Confusion may arise from the fact that attempting suicide is not a criminal act, but assisting suicide is. The reason is because the law recognises that attempting suicide is very often the outcome of mental illness, and that when an attempt fails, the person needs care rather than punishment. Although it is sometimes implied that a change in the law to allow euthanasia would be a small one, it would in fact entail a massive shift in our legal concepts of intent, responsibility and causation. It would single out a particular group of vulnerable individuals, the sick, for discriminatory action. No law to legalise euthanasia has been made in any country because no proposal has been devised which was free of the likely, not just the possible, risk of abuse. The supporters of euthanasia offer no suggestions to overcome this problem. Some of them admit that a safe law would probably not be possible, and it must be said that this is realistic. Who would do the killing? Without reflection, it is usually assumed that doctors would, despite that they have not been asked, and that every medical association in the world forbids euthanasia as being unethical. It would be disastrous for the medical profession to be involved in any way with legalised euthanasia. There could be no argument to support their participation as part of their work, and in many ways the doctor/patient relationship would be severely damaged. Doctors prescribe medicine, not poison. They heal and cure, but they may not intentionally kill. If euthanasia were available, motivation for difficult patient care and for the seeking of advances in medical science would be lessened.

If not doctors, who? Seeking an answer to this question would involve the community in a great deal of useful soul-searching, as it would have to focus on the grim realities of the proposal. At present, it can hide from the unpleasant facts, while it pretends that it would be a simple clinical exercise, done by someone else in a white coat, out of sight. Would you like to do it?

What really goes on in Holland?

Euthanasia is widely practised in Holland, despite that it is by law a criminal offence. It is cited as an example of social progress, which we in Australia should consider. We are told that it is subject to safe, established guidelines, and that it has an agreed moral basis. Indeed, we should consider it, but only because it is a disaster we must not copy. Only in September 1991 did the official picture come to hand, supplied by Dutch government sources. We now know that intentional death is brought about by Dutch doctors in about one fifth of the deaths in the country; in over two

thirds of cases, the death certificate is falsified after euthanasia to make it seem that the death was due to natural causes. The doctor suffers no penalty for this, and it is not known whether or not any guidelines were followed at all; where information is

Available about guidelines, they are known to be widely disregarded; just over one quarter of the doctors admitted they had killed patients without any request at all, though the Dutch Medical Society correctly defines this as murder; in some of those, not even the family was told what was happening; the authorities admit they have no control over euthanasia, and finally, there is no consensus within Holland about the moral, medical, legal or social bases for euthanasia though it has been commonly performed for almost 20 years.

What conclusions can we draw?

In Australia, palliative care services are well established throughout each State, staffed by nurses and doctors who have been trained in the best standards of care for the dying persons, and their families. These services are available both in hospital and private homes, to enable the person to be treated humanely in the place he or she would prefer, for as long as possible. The chief aims of such care are: the expert relief of pain and other distressing symptoms; seeking and respecting the legitimate wishes of the patient; good communication about the illness, its treatments and their consequences; adequate honesty at all times; and support for the patient and family to enable them to cope with anxiety and other emotional disturbances.

The voluntary euthanasia movement reflects that part of our society, which cannot accept or understand illness, suffering or death. Euthanasia might seem to solve the problems of troubled individuals, in its own way, but would do nothing to prevent others from falling victim to similar problems. What is needed is better care for all, so that no one will feel the need to ask to be killed. It is outrageous to propose the elimination of the person in distress in preference to the elimination of distress in the person. Any society, which legislated for killing, the sick rather than making every effort for their good care would be self-condemned for its inhumanity.