

# EUTHANASIA

## INTRODUCTION

### What is Euthanasia?

Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering.

A person who undergoes euthanasia usually has an incurable condition. But there are other instances where some people want their life to be ended.

In many cases, it is carried out at the person's request but there are times when they may be too ill and the decision is made by relatives, medics or, in some instances, the courts.

The term is derived from the Greek word *euthanatos* which means easy death.

Euthanasia is against the law in the UK where it is illegal to help anyone kill themselves. Voluntary euthanasia or assisted suicide can lead to imprisonment of up to 14 years.

The issue has been at the centre of very heated debates for many years and is surrounded by religious, ethical and practical considerations.

### The ethics of euthanasia

Euthanasia raises a number of agonising moral dilemmas:

- is it ever right to end the life of a terminally ill patient who is undergoing severe pain and suffering?
- under what circumstances can euthanasia be justifiable, if at all?
- is there a moral difference between killing someone and letting them die?

At the heart of these arguments are the different ideas that people have about the meaning and value of human existence.

Should human beings have the right to decide on issues of life and death?

There are also a number of arguments based on practical issues.

Some people think that euthanasia shouldn't be allowed, even if it was morally right, because it could be abused and used as a cover for murder.

### Killing or letting die

Euthanasia can be carried out either by taking actions, including giving a lethal injection, or by not doing what is necessary to keep a person alive (such as failing to keep their feeding tube going).

### 'Extraordinary' medical care

It is not euthanasia if a patient dies as a result of refusing extraordinary or burdensome medical treatment.

### Euthanasia and pain relief

It's not euthanasia to give a drug in order to reduce pain, even though the drug causes the patient to die sooner. This is because the doctor's intention was to relieve the pain, not to kill the patient. This argument is sometimes known as the Doctrine of Double Effect.

### Mercy killing

Very often people call euthanasia 'mercy killing', perhaps thinking of it for someone who is terminally ill and suffering prolonged, unbearable pain.

### Why people want euthanasia

Most people think unbearable pain is the main reason people seek euthanasia, but some surveys in the USA and the Netherlands showed that less than a third of requests for euthanasia were because of severe pain.

Terminally ill people can have their quality of life severely damaged by physical conditions such as incontinence, nausea and vomiting, breathlessness, paralysis and difficulty in swallowing.

Psychological factors that cause people to think of euthanasia include depression, fearing loss of control or dignity, feeling a burden, or dislike of being dependent.

## KEY TERMS AND DEFINITIONS

### Active euthanasia

In active euthanasia a person directly and deliberately causes the patient's death.

## **Assisted suicide**

This is when the person who wants to die needs help to kill themselves, asks for it and receives it.

## **Competence**

A competent patient is one who understands his or her medical condition, what the likely future course of the disease is, and the risks and benefits associated with the treatment of the condition; and who can communicate their wishes.

## **Dignity**

The value that a human being has simply by existing, not because of any property or action of an individual.

## **DNR**

Abbreviation for Do Not Resuscitate. Instruction telling medical staff not to attempt to resuscitate the patient if the patient has a heart attack.

## **Doctrine of Double Effect**

Ethical theory that allows the use of drugs that will shorten life, if the primary aim is only to reduce pain.

## **Futile treatment**

Treatment that the health care team think will be completely ineffective.

## **Indirect euthanasia**

This means providing treatment (usually to reduce pain) that has the foreseeable side effect of causing the patient to die sooner.

## **Involuntary euthanasia**

This occurs when the person who dies wants to live but is killed anyway. It is usually the same thing as murder.

## **Living will**

A document prepared by an individual in which they state what they want in regard to medical treatment and euthanasia.

## **Non-voluntary euthanasia**

This is where the person is unable to ask for euthanasia (perhaps they are unconscious or otherwise unable to communicate), or to make a meaningful choice between living and dying and an appropriate person takes the decision on their behalf, perhaps in accordance with their living will, or previously expressed wishes.

## **Palliative care**

Medical, emotional, psychosocial, or spiritual care given to a person who is terminally ill and which is aimed at reducing suffering rather than curing.

## **Passive euthanasia**

In passive euthanasia death is brought about by an omission - i.e. by withdrawing or withholding treatment in order to let the person die.

## **PAS**

Abbreviation for Physician Assisted Suicide.

## **Voluntary euthanasia**

This is where euthanasia is carried out at the request of the person who dies.

## **ETHICAL PROBLEMS OF EUTHANASIA**

Does an individual who has no hope of recovery have the right to decide how and when to end their life?

## **Why euthanasia should be allowed**

Those in favour of euthanasia argue that a civilised society should allow people to die in dignity and without pain, and should allow others to help them do so if they cannot manage it on their own.

They say that our bodies are our own, and we should be allowed to do what we want with them. So it's wrong to make anyone live longer than they want. In fact making people go on living when they don't want to violates their personal freedom and human rights. It's immoral, they say to force people to continue living in suffering and pain.

They add that as suicide is not a crime, euthanasia should not be a crime.

### **Why euthanasia should be forbidden**

Religious opponents of euthanasia believe that life is given by God, and only God should decide when to end it.

Other opponents fear that if euthanasia was made legal, the laws regulating it would be abused, and people would be killed who didn't really want to die.

### **The legal position**

Euthanasia is illegal in most countries, although doctors do sometimes carry out euthanasia even where it is illegal.

Euthanasia is illegal in Britain. To kill another person deliberately is murder or manslaughter, even if the other person asks you to kill them. Anyone doing so could potentially face 14 years in prison.

Under the 1961 Suicide Act, it is also a criminal offence in Britain, punishable by 14 years' imprisonment, to assist, aid or counsel somebody in relation to taking their own life.

Nevertheless, the authorities may decide not to prosecute in cases of euthanasia after taking into account the circumstances of the death.

In September 2009 the Director of Public Prosecutions was forced by an appeal to the House of Lords to make public the criteria that influence whether a person is prosecuted. The factors put a large emphasis on the suspect knowing the person who died and on the death being a one-off occurrence in order to avoid a prosecution.

(Legal position stated at September 2009)

### **Changing attitudes**

The Times (24 January 2007) reported that, according to the 2007 British Social Attitudes survey, 80% of the public said they wanted the law changed to give terminally ill patients the right to die with a doctor's help.

In the same survey, 45% supported giving patients with non-terminal illnesses the option of euthanasia. "A majority" was opposed to relatives being involved in a patient's death.

## **FORMS OF EUTHANASIA**

Euthanasia comes in several different forms, each of which brings a different set of rights and wrongs.

### **Active and passive euthanasia**

In active euthanasia a person directly and deliberately causes the patient's death. In passive euthanasia they don't directly take the patient's life, they just allow them to die.

This is a morally unsatisfactory distinction, since even though a person doesn't 'actively kill' the patient, they are aware that the result of their inaction will be the death of the patient.

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 withdrawing or withholding treatment:

- Withdrawing treatment: for example, switching off a machine that is keeping a person alive, so that they die of their disease.
- Withholding treatment: for example, not carrying out surgery that will extend life for a short time.

Traditionally, passive euthanasia is thought of as less bad than active euthanasia. But some people think active euthanasia is morally better.

### **Voluntary and involuntary euthanasia**

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.

Non-voluntary euthanasia also includes cases where the person is a child who is mentally and emotionally able to take the decision, but is not regarded in law as old enough to take such a decision, so someone else must take it on their behalf in the eyes of the law.

Involuntary euthanasia occurs when the person who dies chooses life and is killed anyway. This is usually called murder, but it is possible to imagine cases where the killing would count as being for the benefit of the person who dies.

### **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.

A justification along these lines is formally called the doctrine of double effect.

### **Assisted suicide**

This usually refers to cases where the person who is going to die needs help to kill themselves and asks for it. It may be something as simple as getting drugs for the person and putting those drugs within their reach.

## **VOLUNTARY AND INVOLUNTARY EUTHANASIA**

### **Voluntary euthanasia**

The person wants to die and says so. This includes cases of:

- asking for help with dying
- refusing burdensome medical treatment
- asking for medical treatment to be stopped, or life support machines to be switched off
- refusing to eat
- simply deciding to die

### **Non-voluntary euthanasia**

The person cannot make a decision or cannot make their wishes known. This includes cases where:

- the person is in a coma
- the person is too young (eg a very young baby)
- the person is senile
- the person is mentally retarded to a very severe extent
- the person is severely brain damaged
- the person is mentally disturbed in such a way that they should be protected from themselves

### **Involuntary euthanasia**

The person wants to live but is killed anyway. This is usually murder but not always. Consider the following examples:

- A soldier has their stomach blown open by a shell burst. They are in great pain and screaming in agony. They beg the army doctor to save their life. The doctor knows that they will die in ten minutes whatever happens. As he has no painkilling drugs with him he decides to spare the soldier further pain and shoots them dead.
- A person is seen at a 10th floor window of a burning building. Their clothes are on fire and fire brigade has not yet arrived. The person is screaming for help. A passer by nearby realises that within seconds the person will suffer an agonising death from burns. He has a rifle with him and shoots the screaming person dead.
- A man and a woman are fleeing from a horde of alien monsters notorious for torturing human beings that they capture. They fall into a pit dug to catch them. As the monsters lower their tentacles into the pit to drag the man out he begs the woman to do something to save him. She shoots him, and then kills herself.

The morality of these and similar cases is left for the reader to think about.

## ACTIVE AND PASSIVE EUTHANASIA

### Active euthanasia

Active euthanasia occurs when the medical professionals, or another person, deliberately do something that causes the patient to die.

### Passive euthanasia

Passive euthanasia occurs when the patient dies because the medical professionals either don't do something necessary to keep the patient alive, or when they stop doing something that is keeping the patient alive.

- switch off life-support machines
- disconnect a feeding tube
- don't carry out a life-extending operation
- don't give life-extending drugs

### 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.

Some medical people like this idea. They think it allows them to provide a patient with the death they want without having to deal with the difficult moral problems they would face if they deliberately killed that person.

"Thou shalt not kill but needst not strive, officiously, to keep alive." Arthur Hugh Clough (1819-1861)

### There is no real difference

But some people think this distinction is nonsense, since stopping treatment is a deliberate act, and so is deciding not to carry out a particular treatment.

Switching off a respirator requires someone to carry out the action of throwing the switch. If the patient dies as a result of the doctor switching off the respirator then although it's certainly true that the patient dies from lung cancer (or

whatever), it's also true that the immediate cause of their death is the switching off of the breathing machine.

- 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 (when a doctor lets someone die, they carry out an action with the intention that it will cause the patient's death)

So there is no real difference between passive and active euthanasia, since both have the same result: the death of the patient on humanitarian grounds

Thus the act of removing life-support is just as much an act of killing as giving a lethal injection

### Is active euthanasia morally better?

Some (mostly philosophers) go even further and say that active euthanasia is morally better because it can be quicker and cleaner, and it may be less painful for the patient.

## 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:

- when it will not restart the heart or breathing
- when there is no benefit to the patient
- when the benefits are outweighed by the burdens

Although DNRs can be regarded as a form of passive euthanasia, they are not controversial unless they are abused, since they are intended to prevent patients suffering pointlessly from the bad effects that resuscitation can cause: broken ribs, other fractures, ruptured spleen, brain damage.

## **Proper use of DNRs**

Guidelines issued by the British Medical Association and the Royal College of Nursing say that DNR orders should only be issued after discussion with patients or their family.

Although it may be difficult to have discussions with patients and their relatives about whether to revive or not, doctors accept that this is no reason why discussions should not take place.

The most difficult cases for discussion are usually those involving patients who know they were going to die, are suffering a lot of pain, but who could live for several months.

Dr Robin Loveday, a consultant says, "that is the situation where you really need a lot of discussion with the patient and their relatives to help them make a decision as to whether, if they do suffer a cardiac arrest, it is appropriate to have another go to give them a few more months of life."

## **Guidelines**

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 there is advanced notice or a living will which says the patient 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

In the UK, NHS Trusts must ensure:

- an agreed resuscitation policy that respects patients' rights is in place
- a non-executive director is identified to oversee implementation of policy
- the policy is readily available to patients, families and carers

- the policy is put under audit and regularly monitored

## **Abuse of DNRs**

The clear guidelines on DNRs had to be firmly restated in 2000, after a number of seemingly healthy patients discovered they had 'do not resuscitate' or DNR orders written in their medical notes without consultation with them or their relatives.

There was further concern when it emerged that junior doctors had sometimes made DNR decisions because senior doctors were unavailable.

67 year-old Jill Baker found she had had a DNR order written on her medical notes without her consent. "She was understandably distressed by this as no discussion had taken place with her or her next of kin," said a doctor. (BBC News 27 June, 2000)

Age Concern warned that the UK's elderly feared they were at risk of not being revived simply because of their age.

Arguing that DNRs might be a form of ageism in the NHS, a spokesman said "Age Concern will not rest until the 'writing off' of patients' lives on the basis of their age has been stamped out."