Euthanasia

By: Vicki Leung
Intro

Euthanasia is the act of ending an individual's life to relieve them of their suffering.

Active Euthanasia
Directly intend to end a life. (Ex. A lethal injection.)

Passive Euthanasia
Does not directly intend death but has death as a foreseen result. (Ex. Withholding life support.)

Involuntary Euthanasia
Consent not given.

Voluntary Euthanasia
Consent is given.

Non-Voluntary Euthanasia
Consent not obtained due to the patient’s mental or physical state.
Common reasons for request include fear of: loss of autonomy, suffering, process of death.

Physician-assisted suicide (PAS): action itself is committed by the patient.
Euthanasia should be legalized because of the technological advances that prolong life, the principle of autonomy, and the hidden practices that already occur.
Why has the debate over legalizing euthanasia become a larger concern in recent times?

Why is euthanasia necessary, considering society’s ever improving technology?

Is euthanasia occurring despite its illegality?

How will legalizing euthanasia help the society?

Who decides on what should or shouldn’t be done to the patient?

How is euthanasia different than a refusal of life support?
Technological advances can sustain a patient longer than necessary.

- The development of technology linked to euthanasia
- Sustains patient beyond time of control where a “conscious” death occurs
- In the past, most death occurred within homes surrounded by family and memories
- Most terminally ill, now die in sterile hospital settings with invasive medical interventions
• **Principle of Totality:** value the whole person over any part
  – **Maintaining biological systems undermines the person as a whole**

• **Patients cannot exercise “unique human abilities”**

• **Use of medical technology itself is a moral choice**
  – **Affects fundamental human good, preservation of life**
  – **Compromises another fundamental, quality of life**
Each individual has the right to make their own decisions, and have them respected, including the decisions regarding the end of life.

- **Right to die: autonomy rules over other values**
  - Autonomy: right to control and make decisions about life

- **Generally accepted, one of the most important ethical principles in medicine, respect for patient’s autonomy**

- **Right to privacy**
  - PAS, like abortion is a personal choice, protected by the Constitution
• Legal right to refuse treatment

• Fundamental right to refuse life-sustaining treatment is similar to those of euthanasia

• Slippery slope not a concern of PAS, but the loss of autonomy, which PAS recovers.
Despite its illegality, euthanasia is becoming widely practiced behind closed doors with horrific results.

- Euthanasia publicly condemned by law, socially tolerated behind closed doors
- Russel Odgen’s study of underground euthanasia
  - Half of 34 cases, resulted in increased suffering and time of suffering
  - 5 cases, suffocation unsuccessful, resulted in slitting wrists, being shot, or other method
  - due to lack of medical knowledge, or access to suitable drugs
• ICUs of major Canadian teaching hospitals, increase morphine for a “double effect”
  – Keep patient comfortable
  – As morphine increase, respiratory function decrease, become toxic dose
  – Also in many nursing homes

• Growing “deathing counterculture”, non-medical practitioners offer consultations & house calls

• No rules or regulations to follow
Counter Arguments

Technological advances often saves lives.

- People are known to awake from comas.
- Many “miracle cures” are dramatized by the media.

An individual’s decision may not always be the best/appropriate.

- Unpleasant environment (suffering from life)
- Rules and regulations to follow (ex. From Oregon)
  - Diagnosed with terminal illness
Euthanasia should not be legalized just because it is occurring commonly.

- Palliative care makes euthanasia unnecessary.
  - Neither prolongs life or hastens death, treats physical and mental suffering

- Many hospice workers believe euthanasia should be an option.
Difficulties

- Many issues, pinpoint & organize major ones
- Many different opinion, extreme – extreme
- Avoid using author’s opinion, visibly biased
Validity of Sources

- Used considerably newly sources

- Many consisted of studies/research
  - Compared stats from before legalization & after
  - Doctors’, nurses’, caregivers’, and patients’ opinions/view
Works Cited


