Xournals

Academic Journal of Medical and Health Care Sciences

ISSN UA | Volume 01 | Issue 01 | June-2018

Issues Related to Euthanasia and Physician-Assisted Suicides

Astha Vyas[1]

Available online at: www.xournals.com

Received 29th December 2017 | Revised 16th February 2018 | Accepted 20th April 2018

Abstract:

Nowadays, Euthanasia and Physician-Assisted Suicide (PAS) acts have become a big issue for the society. In many countries and states, these acts are not legalized and have many discussion and debates on this topic. Actually, these acts prohibit the codes of medical ethics. Medical ethics show that the role of the physician is to save the life of patients while these acts refer to as mercy killing of a patient with the assistance of a physician. On the other hand, Euthanasia and PAS terms are also necessary to terminate the life of an ill patient when no hope is left to save the patients. Some physicians have an objection how can a single physician decide to give euthanasia or PAS to the patient. Before giving the consent for PAS and Euthanasia, multiple physician examination should be conduct and the written consent of the patient should be taken during an examination if possible. This paper represents the difference between Euthanasia and Physician-Assisted Suicide (PAS) and factors that lead to a request for PAS or Euthanasia. It also shows the role of physician and response of a patient with these acts.

Keywords: *PAS, Euthanasia, Medical Ethics*

Authors:

1. *Ruxmaniben Deepchand Gardi College of Nursing,Ujjain, Madhya Pradesh, INDIA*

Introduction

There are many big questions about the right of men: does a man have a right to live, and have a right to die? Does he have a right to a dignified death? Is the ending of life caused by the mercy reasons a crime or unpunishable act? These questions' answers are different from country to country. Every country has their own rules and regulations. For example; if one country makes the deprivation of life as legal, the reason behind this legality is raised. In the same way, if any country does not legalize it, they must also have the reason behind it. Hence, Euthanasia and physician-assisted suicide become inexhaustible topics for the observation in the field of medicine, law, sociology, philosophy, religion, and morality. By knowing the definition of these two terms, it can be pointed out that Euthanasia is a medical act directed at the ending of life. Whereas in case of PAS, the physician provides a medication to the patient for taking life.

It is unknown when was the idea of euthanasia came into existence? On this topic, many discussions have been attempted in the United States and the United Kingdom in 1906 at the time of passing a law to legalize Euthanasia by Ohio. The legalization of Euthanasia and PAS began from last few decades but it can be noticed that various representative accepted PAS as a milder form of the ending of life across the world. American continent is a primary evidence where PAS is accepted while the Supreme Court does not have a constitutional right for Euthanasia and Physician-Assisted Suicide and do not ban these acts. In the same way, there should not be any penalties for the persons who aid in the deprivation of life of patients who want to end his life at request **(Banovic, Turanjanin, 2016).**

Euthanasia and PAS

Both Euthanasia and Physician-Assisted Suicide (PAS) are different terms. Euthanasia is an act in which ill patient's death is caused by the physician intentionally as euthanasia is performed when a physician gives the lethal dose of potassium chloride to a patient in the form of injection with the purpose of ending the life of the patient. This act is illegal and considered as homicide in the USA. Euthanasia is differed from the murder; it has a motive that death should be merciful rather than malevolent. The intention of the physician is to give a peaceful death to the ill patient by avoiding the suffering that generally occurs during the process of dying.

Euthanasia is categories into two parts: Passive and Active. Passive Euthanasia is the withholding or withdrawing of medication in order to allow the patient to die. Another is Active Euthanasia means killing the person. With these categories, Euthanasia is subdivided as voluntary or non-voluntary/ involuntary. The euthanasia in which the consent of the patient is taken called voluntary euthanasia. While without the consent of patient like in case of incapacitated patients, the euthanasia is called as non-voluntary euthanasia or non-choice euthanasia. Another form of euthanasia is involuntary euthanasia in which euthanasia is performed against the wishes of the patient.

The act 'Euthanasia' is different from the act of withholding or withdrawing life-sustaining medical treatment. In the act of withholding or withdrawing life-sustaining medical treatment, the physician gives life-sustaining treatment at the end of life for ending the ill patients. In this act, patient dies by the process of their disease. In case of Euthanasia, the reason behind the death is an only physician not a disease. In case of euthanasia, Patients request to the physician to take their life before the disease causes their death.

Physician-Assisted Suicide (PAS) is another act in which patient takes their own life with the assistance of a physician. In this act, a prescription for a lethal amount of medication is given by physician which is ingested by the patient to bring about death. PAS is considered as a suicide because patient life is ended by his own. This act is physician-assisted as the physician not only give the approval but also assist in prescribing a lethal amount of medication.

Voluntary Euthanasia and PAS are similar as the patient choice is involved in both cases. However, in case of voluntary euthanasia, the cause of patient's death has the involvement of the only physician. While in the case of PAS, patient and physician work together for ending the life. The patient takes the final steps to end his life. These differences were generated among the PAS and Euthanasia in case of In re Quinlan in New Jersey in 1976. In this case, young women were in the state of permanent vegetation. The main issue in this was the guardian approved doctors to remove Quinlan's mechanical ventilator. The court wrote about this situation as "There is a difference between the unlawful taking of the life of another and the ending of artificial life-support systems as a matter of self-determination" **(Walker, 2001).**

Factors that lead to Assisted Suicide Requests

In providing end of life care, the hospice palliative care community has an extensive experience with the observation that needs for euthanasia or physician-assisted suicide by the following factors:

- By all terminal and illness, the patients suffer and bear the pain.

- Over the illness and his/her painful body, individual want relief.
- To remove the burden on others.
- Illness causes the depression and psychological distress.

Voluntary and Written Consent

The request for Euthanasia and PAS have to be with some characteristics; voluntary, informed, well-considered and persistent over time in all jurisdictions. The written consent should be provided by the requesting person with the time at which request is made. But about 17% of cases is seen in which the physician proceeds without the consent as they think that Euthanasia is best for the patient. The legal requirement of clear written consent is important if abuse and misuse are to be avoided, is called as a counterargument. Finally, in medical research, written consent has become an essential part when participants are to be subjected to an intervention in which many pose far lesser mortality risks **(Pereira, 2011).**

Mandatory Reporting and Opinion by Physician

In all jurisdictions, reporting about the Euthanasia is required but this requirement is not taken as a serious rule and ignored. According to report, in Belgium city, Euthanasia cases are reported in Federal Control and Evaluation Committee. Compare to the reported case, legal requirements were not more frequently met in unreported cases as the written request was absent in euthanasia about 88% vs. 18%. Specialized physicians were consulted less and drug generally was given by a nurse. The concern is raised when the euthanasia is assisted by the nurses because all the jurisdictions require that the act of euthanasia should be performed by only be physicians except in Switzerland. Before proceeding with Euthanasia or PAS, it should also be ensured by the second physician. It must be followed by all jurisdiction except in Switzerland **(Pereira, 2011).**

Arguments regarding Physician-Assisted Suicide and Euthanasia

This has become a debate topic because it is not accepted by everyone. Some people in the favor of PAS by believing the fundamental principle of autonomy. They say that each person has right to select what is good for them and their life. In case of a patient, they also have right to choose whether they want to live or end their life. A supporter of PAS believe that nobody should live with terminal suffering and physician is not success to improve the condition of the patient then assisting in death is acceptable. Some people who are against PAS say that physician's job description does not have any right to decide the fate of the patient even consent of the patient is given. They think that killing the patient is fundamentally wrong. According to them, euthanasia act is murder Ethical theories in which many physician and people fit their thoughts about this matter. Ethical theories are very helpful to give the shape to the morality of a person and their behavior and actions.

Rule and Act-Utilitarianism in PAS

Utilitarianism is the first ethical theory which lies in the values rather than the rules and has an emphasis on good and bad, not on the right and wrong. Utilitarianism is divided into many sub-categories. Rule-utilitarianism and act-utilitarianism are two categories in which Rule-utilitarianism have faith in an individual action that it is correct morally when it sides with the rules or codes that have been already defined on the basis of utilitarian. It means that person should behave in the manner that follows the rules that bring the large balance of good over evil for everyone who is involved in the situation. Act- utilitarianism is defined as the type of situational ethics that have certain kinds of actions may be wrong with one approach and right with another approach. It depends upon the situation it is either right or wrong considered by knowing the greatest amount of good for everyone involved.

Let's takes an example, a patient who is suffering from a lot of pain and terminally ill. For speed up his or her death, he or she needs a help of physician that can prescribe him a lethal dosage of drugs. Here, rule-utilitarian would be considered as the most appropriate for raising the possibility of a justified exception to the rule that shows 'do not kill'. The killing in self-defense is a most justifiable exception to the rule of "do not kill". Hence, by the rule-utilitarian, the supporter of PAS believes that the escaping of a prolonged painful death by the terminally ill patient would be beneficial for others. The benefit would be to hospital and physicians not from the unnecessary money but they can go for another patient who would live ultimately. The family would be in benefits as they will not see their loved one in suffering. The administration of a lethal dosage of the drug is allowed by the patient by which the significances will bring with the great balance of good over evil.

With the rule-utilitarian, act-utilitarian would agree on this matter. They believe in that 'do not kill' is moral rule should be followed. But it would be justifiable if the terminally ill patient is in terrible pain and wishes to die and benefit would be to everyone who is involved in the case. The killing rule is better to be broken for the better consequences for everyone who is involved in an act-utilitarian. When these categories

of utilitarianism are applied, it is noticed that most of the people are agreed with both theories that agree with physician-assisted suicide **(Jordan, 2017).**

Experience of Patient in PAS

Evidence can inform about the suicide related to the tension occur between autonomy and paternalism. Paternalism assumes that in spite of patient, doctors are better able to act in patients' best interests. There is one way by which it can be examined whether patients are capable of making decisions for their ending life by measuring the quantity of death and dying in patients who request PAS as compare to those who do not request. The quality of death experience is not worse by those who take lethal prescriptions compare to those who do not take physician-assisted suicide **(Gopal, 2015).**

Role of Psychiatry/Physician

The psychiatrists play an important role in evaluating the patients who request for Physician-Assisted Suicide. Psychiatrists are divided according to the support for assisted suicide. As two-thirds of U.S psychiatrists assume that Euthanasia should be permitted in certain circumstances. According to most of the psychiatrists, the determination of patient capacity for the PAS by a single independent psychiatric examination would be insufficient. It should be acknowledged by the multiple independent psychiatric examinations that will have effect for increasing the labor and time that give the surety of the integrity of patient's request for PAS. The terminal ill patients can sense stigmatized by the instruction about the psychiatric examination. The reasoned decisions are made by concern about the patient's capacity in which the treatment is raised in that situation where patients express a desire for medication with unfavorable outcomes and high risk. Some physicians feel uncomfortable for PAS without evaluation. Hence, where a patient's capacity is serious, multiple evaluations are done independently by psychiatrists over time.

Issues Related to Euthanasia and PAS

The main issue in the term Euthanasia is the role of the physician. Euthanasia and PAS are performed by the physician. As we know the main role of the physician is to achieve the trust of the patient and the therapeutic relationship. How is it possible to maintain this goal if the person perception is changed for a physician who takes part in killing patients instead of saving their lives. Euthanasia, an act that violates codes of medical ethics by which doctors are permitted to help their patients to end their life.

Review of Literature

Walker (2001) stated from the study that court makes PAS as a basic personal right that is similar to the refusal of taking treatment. If 'right to die' law precedents are relied on, then court extend PAS for incapacitated patients. Two major problems are; before losing their capacity, incapacitated patients express their choice for PAS. So, they gave a suggestion that the movement should be from assisted suicide to voluntary euthanasia. The second problem is also related to the incapacitated patient. At the end of their paper, they concluded that there is no constitutional basis for the rights to assisted suicide in US Supreme court. There is a need to legalizing PAS for the future legal decisions that will end life-based on the choice of others, not based on the patients.

Gopal (2015), stated that it is difficult to be comfortable in helping the patient to commit suicide that may equate PAS with killing rather than healing. According to some physician, the participation in assisted suicide leads to the breaking of codes of Ethics. All assume that each person can resolve the problem that allows them to live their lives in a satisfying and meaningful way. Assisted suicide appears as the ignorance of pro-life view but with the closer examination, the purpose of PAS is to give relief from the suffering life in the terminal cases where no other treatment can give hope. They conclude that PAS should be encouraged in the ideological favor to relive the patients from a painful life.

Zenz, Tryba, and Zenz (2015) in their paper they discussed the problem with PAS in Germany. The main issue was; who will perform PAS. To perform the procedure of life ending, general practitioners are not trained. According to report, Netherland and Belgium the selected drug was wrong. Palliative care physician shows an unwillingness to perform Euthanasia and PAS. So, there is a need to incorporate the legalization regarding the responsibility who should perform these acts.

Radbruch *et al.*, (2015) European Association for Palliative Care (EAPC) stated that palliative care does not include Euthanasia because service and model of palliative care cannot prevent patients who asked for hastened death. Hence, the fundamental difference approaches these patients between palliative care and euthanasia. According to them, PAS is a great challenge in palliative care. The views of palliative care are trying to make improvement in the condition of patients who are in the terminal stage of life.

Jordan (2017) proposed that all theories are correct regarding the topic of physician-assisted suicide. But the author is against the physician-assisted suicide fully. But they also agree with certain situations that

are acceptable with respect to the physician-assisted suicide.

Sulmasy and Mueller (2017) observed that Physician-Assisted Suicide (PAS) is accepted by ACP (American College of Physician). Because it raises the issues of ethics, clinical and other concern. They thought that all personnel should rely on high-quality care till the end of life with the prevention. The answers to the challenges regarding the illness should be searched by patient and physician together before death. They stated that the manner and time of death cannot be controlled and not the goal of medicine. In spite of these, by high-quality care, effective communication, compassionate support, and the right resources, the physician can help the patients.

Lima *et al.*, (2017) proposed the work of International Association for Hospice and Palliative Care (IAHPC). Physician-Assisted Suicide and Euthanasia are legal in countries and states, there IAHPC agrees with the statement that these practices (PAS) should not watch and administer by palliative care units. The provision should be included by the law and policies by which any health professional can be able to deny the participation

Conclusion This paper highlights the current issues regarding Euthanasia and Physician-Assisted Suicide (PAS). With these acts, many people have different views some people are in the favor of these acts as every person has right to choose what is wrong or right in their life. If physicians are not able to improve the condition of the patient then nobody should live with terminal suffering and PAS and Euthanasia should be acceptable legally. While some people are against these acts. They assume that euthanasia and PAS are acts of homicide and should not be accepted legally. Palliative care provided by organization health services, also have their view toward the euthanasia and PAS as this organization opposes these acts. Physician and patients should search the solutions to challenge till the end of the life. This paper agrees with the palliative care views because patients should be treated with medicine in observation till the end of life. Euthanasia and PAS are against the medical ethics as physician duty is to save the life, not take the life of the patient.

References:

BANOVIĆ, Božidar, et al. "An Ethical Review of Euthanasia and Physician-Assisted Suicide." Iran Journal of Public Health, vol. 46, no. 2, 2017, pp. 173–179.

Gopal, Abhilash A. "Physician-Assisted Suicide: Considering the Evidence, Existential Distress, and an Emerging Role for Psychiatry." Journal of the American Academy of Psychiatry Law, vol. 43, no. 2, 2015, pp. 183–190.

Jordan, Madeline. "The Ethical Considerations of Physician-Assisted Suicide." Dialogue & Nexus, vol. 4, 2017.

Lima, Liliana De, et al. "International Association for Hospice and Palliative Care Position Statement: Euthanasia and Physician-Assisted Suicide." Journal of Palliative Medicine, vol. 20, no. 1, 2017, pp. 8–14.

Pereira, J. "Legalizing Euthanasia or Assisted Suicide: the Illusion of Safeguards and Controls." Current Oncology, vol. 18, ser. 2, May 2011. 2.

Radbruch, Lukas, et al. "Euthanasia and Physician-Assisted Suicide: A White Paper from the European Association for Palliative Care." Palliative Medicine, vol. 30, no. 2, 2015, pp. 104–116.

Sulmasy, Lois Snyder, and Paul S. Mueller. "Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper." Annals of Internal Medicine, vol. 167, no. 8, 2017, p. 576.

Walker, Robert M. "Physician-Assisted Suicide: The Legal Slippery Slope." Cancer Control, vol. 8, no. 1, 2001, pp. 25–31.

Zenz, Julia, et al. "Palliative Care Professionals' Willingness to Perform Euthanasia or Physician-Assisted Suicide." BMC Palliative Care, vol. 14, no. 1, 2015.