ORİJİNAL ARAŞTIRMA / *ORIGINAL RESEARCH*

Some Reflections on Euthanasia

ÖTENAZİ ÜZERİNE BAZI DÜŞÜNCELER

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Abstract

Having given a precise definition of euthanasia, this paper analyzes four fundamental questions to advance in a debate that have just begun in Mexico: 1) Does a patient have the right to decide the end of her life?, 2) Does she have the right to ask her physician for that help?, 3) Does the physician have any duty to fulfill that request?, 4) Should the State guarantee the patient's right and the physician's duty?

Key Words: Euthanasia, ethics, dignity, freedom

Özet

Yazı, ötenazinin kesin bir tanımını vermede Meksika'da henüz başlamış olan tartışmayı ilerletmek için dört temel soruyu analiz etmektedir: 1) hasta yaşamının sonuna karar verme hakkına sahip midir?, 2) Bunun için hekiminden yardım isteme hakkına sahip midir?, 3) hekimin bu isteği yerine getirme görevi var mıdır?, 4) Devlet hastanın hakkını ve hekimin görevini güvence altına almalı mıdır?

Anahtar Kelimeler: Ötenazi, etik, değer, özgürlük

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As it happens in many countries, in Mexico, my country, euthanasia is a very difficult topic to discuss. Once it acquires a certain public attention, when for example, news that a person was actively helped to die in another country or because of a bill on end of life decisions is proposed by a particular political party, one can immediately notice the influence of religious groups using their power to impose silence on the incipient debate.

This is precisely what the society does not need. Being death part of life, being many people conscious that death is our unavoidable destiny, and taking into account that modern medicine can make us live longer at no matter what price (talking not only about money, but also about the quality of life), it is logical to think and worry on how would be our final time, not only the moment of death, but the last days of life that precedes it.

What do we want at the end of our lives? We cannot say too much because how it will happen depends on many things that we cannot know in advance. But perhaps we do know something: that we want to maintain our dignity and that we want to be the ones who decide which treatments to receive and which not. Perhaps we do also know that we want to be alive only as long as we can still enjoy something from life. Finally, another thing that many people may know is that, when time arrives and suffering becomes unbearable, they would like to be sure that they can be helped to put a peaceful stop to it.

This leads to the necessity of having an open debate on euthanasia, which must be considered in the context of end of life medical decisions. In this paper I want to advance in the discussion of this

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particular topic. Certainly is not the only one that needs to be discussed and, indeed, this action must be the last one to be considered in the medical practice: when all other treatments to alleviate suffering have been tried and have failed.

Definition

If we want to discuss a medical practice as controversial as euthanasia, the first step is to define it. This is especially important because the word is used in many different ways, meaning things that are sometimes totally contradictory. It is said, for instance, that euthanasia is an action taken by a physician to end a person's life in order to relieve her suffering. But, in fact, with this information we cannot know if we are talking of murder rather than euthanasia as the main component is missing to make the difference: the person's free will to be helped to die.

I propose this definition:

Euthanasia is the medical act to painlessly end the life of a patient who explicitly requests it to be relieved from her suffering.[1]

With this definition ambiguity is avoided because: 1) the action, intended to cause death, is taken by a physician; 2) the person who dies is seriously ill and there is a relation between she and her doctor; 3) the death is painless, which leads to the etymological meaning of "good death"; and mainly 4) death is provoked to fulfill the patient's wish to die.

It is worthy noticing that the action to cause the death is taken in such special circumstances that it can be allowed as an exception to the universal prohibition: "thou shall not kill", a prohibition needed by all societies as it imposes respect for other's life. But one thing is to destroy a human life because it is disdained, and a very different thing is to honor a person's wish to be helped to die because she wants to put an end to her suffering.

The proposed definition follows the same specificity used in The Netherlands. Since this practice was decriminalized in that country (this happened in 1984; it was legalized in 2002), very clear limits were needed to define what was allowed and what not. The same goes for Belgium, where euthanasia is also legally allowed since 2002.

According to the criteria that must be fulfilled on those countries to apply euthanasia, it is convenient to explicit one more point: the patient's death is provoked to avoid indignity in the last stage of life from the view point of the patient herself.

However, if we define euthanasia in such a restricted way, we need other definitions to refer to other practices also related to the end of life in the medical context.

First, there is "physician assisted suicide", defined as the act of making available the means of suicide (such as a prescription for barbiturates) to a patient who subsequently acts on her own.[2] This help is given in response to the patient's request. It is distinguished from euthanasia where the physician is the actual agent who causes death. In the Netherlands and in Belgium there is neither ethical nor legal difference between these two practices, which does exist in Oregon, USA, where it is only allowed physician assisted suicide and is forbidden to the doctor to be there at the very moment in which the patients takes the lethal doses to die.

There are other medical actions which are applied when it is considered that death is the best solution to relieve the patient's suffering although she cannot express her will. In the Netherlands these actions are called "Life-ending actions without explicit request of the patient" (LAWER).[3] In some cases these actions are taken, with the approval of parents, in neonates and infants with very severe illnesses or disabilities which have no treatment, neither for cure, or pain relief. In other cases the actions are taken in patients that in a previous phase of the illness have expressed a wish for euthanasia if suffering becomes unbearably, but later on are not able to explicitly express their wish because of very serious medical complications.

If euthanasia and physician assisted suicide are controversial, life-ending actions without explicit requests (LAWER) are even more controver-

sial because they lack the main ethical consideration that could justify ending a patient's life: the value of free will explicitly manifested. So, these actions pose a unavoidable question: how to justify one action intended to end a patient's life when she has not expressed her wish to die?

For the time being, I limit my comments to notice that life-ending actions without explicit request must be understood as an extension of euthanasia, so we should first analyze the ethical justification of this one in order to later analyze if these other actions are ethically accepted. Anyway, it is worthy to explain briefly its reason for being. Due to different causes, in medical practice there are situations in which a patient cannot express her will, but, there is enough information to suppose that, if she could, she would have asked for help to die. The case with neonates is even more special because there is no will to be expressed at all, and it goes to the parents to decide on them. What is in discussion is if in these situations it is better to act and hasten the patient's death or not to act with that intention. When I propose to consider this special end of life action as an extension of euthanasia, I do so meaning that it would be a kind of no-voluntary euthanasia because there is no will expression. But this is very different from an involuntary induced death that would mean that the patient's life is ended against her will.

Discussing the Ethics of Euthanasia

Once defined these three different forms of medical assisted death, we can go through the analysis that could help us to decide if euthanasia and physician assisted suicide are actions ethically acceptable (both in which there is a clear expression of the patient's will to be helped to die). I consider there are four essential questions to be considered. Each one of them is related in such a way that, if positively answered, leads to the next. These questions are:

1) Does a patient have the right to decide the end of her life?

2) Does she have the right to ask her physician for that help?

3) Does the physician have any duty to fulfill that request?

4) Should the State guarantee the patient's right and the physician's duty?

Before answering these questions, two considerations must be put forward:

If we recognize a patient's right to decide the end of her life, we should also recognize the same right to any other person, which leads us to the subject of voluntary death and, therefore, of suicide. Nevertheless, euthanasia must be thought in the context of medical practice and, therefore, the questions I propose must be thought in that context, always taking into account the special situation the patient is living when considering hastening her death: that she is suffering unbearably the effects of a medical condition without no possible alleviation.

The second explanation refers to the questions about the patients' rights. These questions are formulated in the sense of wondering if the requests the patients make should be respected, but not in the sense of involving some kind of obligation, from a legal point of view, to fulfill them.[4]

And now, we can answer the four questions.

1) The first one refers to the person's autonomy and queries if this one could reach such a point as to justify her decision about the moment and the manner of her death. In other words, the point to be defined is if a patient owns her life as to have the moral authority to put an end to it in order to relieve an intolerable suffering. Opinions are divided. In one hand, we have those who think that the decision of ending one's life must be considered as the last expression of an individual's liberty and that life is a right, not an obligation. In the other hand, we have those who believe that nobody owns its life. This position is maintained mainly by those persons who, following their religious beliefs, think that only God is to decide when people should die. Both are respectable positions. What is inadmissible is to impose moral personal beliefs on other persons' private life decisions, being ours a society who admits ideological diversity.

2) For those who respond positively to the first question (and for those who admit that others do), is relevant to question themselves whether the patient has the right to ask her physician to help her in such a decision. Opinions are divided again. It is commonly argued that someone who wants to commit suicide must do it without involving someone else. However, I think something very important is missing when declaring this: a patient that asks her physician for help does it because she not only wants to put an end to her life, but minds the way to get it and how she would live the final stage of her life.

The patient has the right to ask her physician for help because she (or any other doctor) has nothing more to offer her in order to relieve her suffering; because the patient has accepted her imminent death, but wants to avoid an undignified way of dying; because she wants to be with the persons she loves and wants a death with no more additional pain; because she wants to be sure that she will die. Sometimes, because the patient is physically impaired to take off her life by herself.

3) The next question, if there is a physician's duty to fulfill the patient's request, is related to solidarity, a crucial aspect when considering the ethics of euthanasia, but not to a legal obligation (legislation in The Netherlands and in Belgium indicates that no physician is obliged to perform euthanasia if she considers it an action incompatible with her moral values.

Many doctors (and many non doctors) think that helping to die is an action that goes against the main purpose of medicine which should pursue curing and prolonging patients' life when the first is not possible. That is the commitment physicians have with their patients and on that is based the confidence in medical profession. However, many other doctors (and many non doctors) consider that the physician's responsibility towards her patient must reach to the end of life and, when relieving pain or other symptoms is not possible anymore, euthanasia could be the very last option to help the patient if she asks for it.[5]

That is why we must review the generalized idea that physicians have always an inviolable duty to preserve life and to not provoke death. It may be as important the doctor's duty of relieving suffering as that of preserving life, and if it is the case of facing a conflict of duties, it is not at all evident that the doctor should choose the second one because there are occasions in which stop living means a benefit to the patient, who expects and trusts that her physicians will respect her values and decisions.[6]

Recently, it was discussed in the United Kingdom a bill to allow physician assisted death (it was rejected in Parliament) and, at the same time, the British General Medical Council had the case of a physician accused of having abused of his medical condition for having agreed to help a friend to commit suicide, "an action unfit to medical practice". Dr. Michael Irwin, a campaigner for the legalization of voluntary euthanasia, admitted he traveled to meet his friend who was dying of prostate cancer, but by the time he arrived, his friend was too ill to take the pills he had brought. Irwin's friend died without his help some days later.[7]

When reading about this case, there were two aspects which attract my attention. The first, the argument given by Irwin who told the panel in charge of his case that he knew of several physicians that make arrangements to help each other commit suicide if a painful death threatened. So he questioned the double moral standards of the medical profession that didn't allow that benefit to be extended to non doctors patients. The other aspect was the opinion given by a journalist when reporting that Dr Irwin had been accused of acting with absolute lack of responsibility and judgment: "I would count myself enormously lucky if I had a friend such as Dr. Irwin on whom I could rely so completely in my last hours of need."[8]

4) The last question seems to refer mostly to legal issues: whether the State should back the patient's rights and the physician's duty. Nevertheless, there are ethical issues involved in it because it makes us consider if it is possible to respect the patient's right and also to consider ethically correct the physician's action without guaranteeing them

that they are acting according to the law, which means a great difference when such an special action is taking place.

This question may appear to make sense only to those who have positively answered the previous questions. However, I think this question also concerns those people who do not agree neither with the idea that a patient have the right to decide to end his life, nor with the idea that she has the right to ask her physician for help or with the idea that the doctor have a duty to give it. This fourth question concerns to them because it is made within a society that defends freedom. Those people that are against euthanasia must admit that other people do accept it and what really matters is to guarantee ones and others' will regarding what they want at the end of their lives.

The debate on the benefits of legalizing physicians assisted death is a very controversial subject in many countries. A strong argument for this change is that is not a secret that the practice clandestinely exists. Transparence would be possible and strict controls could be established to regulate it by legally allowing the practice. By these means, it would also be much easier to prevent abuse.

The argument most commonly used against euthanasia is what is called "the slippery slope". This means that once the practice is allowed for patients that have a particular condition, the "gate has been opened" and it will be applied to other patients that would not want to end their life. There are not theoretical grounds to support it; it rather seems a point of psychological influence. It attracts the attention to an undesirable action, on which nobody would disagree, since it lies in the fact that death is caused to people who want to be alive. But the thing is that the argument doesn't prove that these undesirable actions would be the consequence of legally allowing euthanasia. It is not proved how, allowing doctors to provoke death on those patients that have voluntarily asked for it, would induce other doctors to kill patients or elderly people who have not expressed their will to be helped to die.

In The Netherlands, legal and medical authorities admit that there are things to be improved in the way euthanasia is applied, but especially in the way it is notified as there are still a lot of cases that go unreported.[9] Even though, it is quite questionable to declare that in this country the legalization of euthanasia has lead to an abusive practice, because it is not possible to compare what happens there with what happens in other countries in which abuses can be committed, but remain unknown.

In Oregon, USA, since 1997, when the law that allows physician assisted suicide was first used, the number of people that have died through it has increased very little: 16 persons died in 1988, 42 in 2003 and 37 in 2004. These facts contradict the opinion hold by the groups opposed to legalizing this practice, who had assured that the physician assisted suicide would multiply with its legalization. On the other hand, it is worthy to point out that it has been a very remarkable increase in the number of people that spend their last days in their homes and also in the use of palliative care programs, all of which can be explained as a consequence of the awareness that has been generated in this state regarding end of life needs.

Conclusions

A debate on euthanasia has begun, somehow, in Mexico. It is important to locate it in the medical attention context at the end of life and to consider this medical practice as an option to very exceptional situations in which there is nothing more to offer to the patient to relieve her suffering or to avoid what she considers an undignified death.

Together with the development of palliative care development programs, we must make some changes in our society that could help us to better accept our mortal condition, so we could better admit medicine's limits. It would be avoided so much suffering if we could realize on time when there is no use in trying to cure an incurable illness or even extend, unnecessarily, one.

Finally, if we accept that death is part of life, if we admit that we don't know how is going to be that unavoidable end, it is fair to say that some of us would be relieved knowing that, once there, we will be able to decide about the moment and the manner to go through it. But we should not forget that allowing euthanasia as an option to those who want it, will still allow others who do not want it for them not to choose it. The important point is to respect all persons' will at the end of their lives.

REFERENCES

1. Alvarez del Río A. Práctica y ética de la eutanasia. Mexico: Fondo de Cultura Económica; 2005. p.32.
2. Quill T. Death and Dignity. Making Choices and Taking Charge. New York/London: Norton & Company; 1994. p.158.
3. Kimsma G, Leeuwen E. "Euthanasia an Assisted Suicide in the Netherlands and the USA: Comparing Practices, Justifications and Key Concepts in Bioethics and Law", en Thomasma D, Kimbrough-Kushner T, Kimsma G, Ciesielski-Carlucci C, eds. Asking to Die. Inside the Dutch Debate about Euthanasia. Dordrecht, Kluwer Academic Publishers; 1998. p.42.
4. See Delden JJM van, Visser JJF, Borst-Eilers E. In The Netherlands and in Belgium patients have no right to euthanasia and doctors are not obliged to grant a request for euthanasia. Doctors must decide whether the patient's request meet the due care criteria. Thirty years of experience with euthanasia in the Netherlands: focusing on the patient as a person. In: Quill T, Battin M, eds. Physician-assisted dying: the case for palliative care and patient choice. Baltimore: Johns Hopkins University Press; 2004. p. 202-16.
5. Schwartzenberg L. Des soins palliatifs à l'euthanasie, en Guy A. (coord) Pour une mort plus douce. Le droit de mourir dans la dignité. Conde-sur-Noireau, Corlet Editions, Panoramiques, núm 1995;21:150.
6. Seay G. Do physicians have an inviolable duty not to kill? Journal of Medicine and Phylosophy 2001;26:75-91.
7. Dyer C. GP is disciplined for willingness to help friend commit suicide. BMJ 2005:331;717.
8. "We face an end of life crisis". www.timesonline.co.uk September 29th, 2005.
9. Onwuteaka-Philipsen B, Heidi A, Rurup M, et al. Wal G van der, Maas P van der. Dutch experience of monitoring euthanasia. BMJ 2005;331:691-3.