Forum: Special Conference on Ethics (SPECON)

Issue: The question of medical ethics in accordance with the procedure of euthanasia

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INTRODUCTION

The question of medical ethics surrounding euthanasia has been a subject of serious discussion and conversation for a long time. The deliberate act of ending a person's life with their explicit consent to alleviate their suffering from a terminal illness or condition that cannot be reversed is referred to as euthanasia, which is also known as assisted dying or mercy killing. The ethical considerations surrounding euthanasia involve fundamental questions about the value and sanctity of life, autonomy, compassion, and the role of healthcare professionals, and are therefore complex and multifaceted.

The euthanasia debate has been particularly contentious in contemporary societies for several decades. Medical decision-making frequently hastens a patient's death, as is well-known, and different societies have different understandings of the specific role that healthcare professionals play in this setting. In addition, death typically takes place in a setting that is more conducive to feelings of isolation and abandonment—the hospital—far from family and friends.

In Western Countries, numerous attempts have been made to legalize euthanasia, but only a few have been successful. There are numerous valid arguments against or in favour of legalizing euthanasia. Due to the sanctity of human life, euthanasia and physician-assisted suicide were traditionally condemned morally in most Christian nations. However, the concept of personal autonomy was given a new meaning as secular pluralistic societies developed, and the right to self-determination is becoming a more widely accepted value in contemporary societies.

On one hand, defenders argue that euthanasia is a compassionate and humane choice for people who are persevering through insufferable torment or enduring without any expectation of recovery. They strongly believe that everyone has the right to autonomy and ought to be able to make choices about their own lives, including whether they want

not to end their suffering. They argue that euthanasia, can provide a dignified death, and stop unnecessary suffering.

Opponents of euthanasia, on the other hand, raise significant ethical concerns. They argue that intentionally causing the death of another person, regardless of their consent or the situation they live in, is morally wrong and emphasizes the sanctity of life. They express concerns regarding the likelihood of abuse and the potential for euthanasia to become legal. They also highlight the significance of improving end-of-life care and palliative care to alleviate suffering without resorting to euthanasia.

Medical professionals are at the centre of this moral dilemma. They are obligated to safeguard life, encourage healing, and ease suffering. Be that as it may, they often face circumstances where their patients' endurance becomes excruciating and traditional medicines fail to alleviate the suffering. This puts healthcare providers in an ethical quandary because they must balance the moral principles of justice, non-maleficence, respect for autonomy, and beneficence.

In this investigation of clinical morals regarding the procedure of euthanasia, it is fundamental to think about different points of view, moral structures, and legitimate contemplations. A more informed and nuanced discussion about end-of-life choices, patient autonomy, and the responsibilities of healthcare professionals can be facilitated by gaining an understanding of the complex interplay of values, principles, and the various opinions surrounding euthanasia.

DEFINITION OF KEY-TERMS

Euthanasia

The term “euthanasia”, from the ancient Greek “eu” (good) and “thanatos” (death), literally “good death. An easy or painless death, or the intentional ending of the life of a person suffering from an incurable or painful disease at his or her request. Also called mercy killing.

Medical ethics

Medical ethics are a set of moral principles that healthcare professionals use to make decisions in their daily practice. A subfield of applied ethics incorporates professional oaths, personal values, ethical principles, and virtue ethics.

End-of-life care

"Care given to people who are near the end of life and have stopped treatment to cure or control their disease. End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible. End-of-life care may include palliative care, supportive care, and hospice care. Also called comfort care."

Moral structures

"Individual differences in moral conduct can be explained in terms of differences in the manner in which people use, justify, and maintain rules. Specifically, moral behaviour can be understood in terms of five dimensions: moral knowledge, style of moral judgment, socialization, empathy, and autonomy."

Chloroform

"Chloroform is a colourless liquid with a pleasant, nonirritating odour and a slightly sweet taste. It will burn only when it reaches very high temperatures. In the past, chloroform was used as an inhaled anaesthetic during surgery, but it isn't used that way today. Today, chloroform is used to make other chemicals and can also be formed in small amounts when chlorine is added to water."

Morphine

"Morphine tablets are used to relieve short-term or long-term moderate to severe pain. The extended-release capsule and extended-release tablet are used to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment and when other pain medicines did not work well enough or cannot be tolerated. Morphine belongs to the group of medicines called narcotic analgesics (pain medicines). It acts on the central nervous system to relieve pain."

Right to life

"This means that nobody, including the Government, can try to end your life. It also means the Government should take appropriate measures to safeguard life by making laws to protect you and, in some circumstances, by taking steps to protect you if your life is at risk."

Palliative care

"Palliative care is specialized medical care for people living with a serious illness, such as cancer or heart failure. Patients in palliative care may receive medical care for their symptoms, or palliative care, along with treatment intended to cure their serious illness. Palliative care is meant to enhance a person's current care by focusing on the quality of life for them and their family."

BACKGROUND INFORMATION

The History of the Euthanasia Movement

The idea that death should be merciful isn't new. At the point when an individual is seriously injured or in critical condition, when passing is unavoidable, and the enduring is perfect to such an extent that living no longer gives any pleasure to the individual, it is reasonable that the person might wish to die. The development and boundless use of morphine in the 19th century to treat, and afterwards to kill, led to the conviction that a less painful dying process was conceivable. In the middle of the 19th century, surgeons started using chloroform, which knocked people unconscious and had fewer side effects than morphine. The American Medical Association declared its opposition to voluntary euthanasia in 1885. Even though some doctors believed that suffering had a redeeming power, the opposition was not strong enough to halt the movement. Conversations about death and dying logically followed the ability to alleviate pain from surgical procedures, childbirth, or simply living. End-of-life suffering may be alleviated, and death may be expedited with medication.

Doctors and ethicists thoughts on euthanasia in medical journals

People began to view doctors as godlike beings as technology and time progressed, and doctors claimed a role in the death. [1]In 1911, a lady, who was attempting to inhale with a solitary working lung for quite a long time, asked for help dying. After praying, the people, with whom she had been living with, finally decided that it would be right to help her die. Two of them were arrested. In the end, their case was dismissed in January 1912. The case received extensive coverage from national newspapers like the Washington Times. The idea that "euthanasia" is kind in the case of a terminal illness and severe suffering was strengthened by the dismissal of the charges.

The Voluntary Euthanasia Legalization Society was established in England in 1935, marking the beginning of the euthanasia movement. That year, the society held its first meeting, and the society's founder wrote to the British Medical Journal to express his hope that the British Medical Association, which had not provided an opinion, would also provide no opinion. The author went on to say that the decision to die was not medical.

A bill was introduced with England's Place of Masters in 1936 that would permit anybody more than 21 years of age who was intellectually able and lethally sick, or debilitated with a hopeless illness, and experiencing huge torment to demand willful killing. The individual would need to present two witnesses and be examined by several doctors

[1] https://daily.jstor.org/history-euthanasia-movement/

before submitting a request to the Minister of Health, who would then need to interview the dying individual. The requirements of that bill are nearly identical to those that are currently enacted into law in several states in the United States. The bill was defeated by 35 to 14 votes.

Medical Ethics in a Global Perspective

A few developed countries and societies share similar customs and goals and have a longstanding act of freely talking about killing and physician-assisted self-destruction, occasionally engaging the public to think over these issues straightforwardly. Euthanasia, on the other hand, was viewed as an illegal act in other nations due to the intrinsic devaluation of “killing humans”. From a hypocritical point of view, euthanasia is always wrong because the patient-physician relationship's fiduciary nature would be at risk if the patient did not completely trust their doctor. Customarily, the goals of medication were to fix, care and ease the patient's suffering. The internal morality of medicine would be questioned if its fundamental objectives were altered in a manner that was inconsistent with safeguarding human dignity, such as ending the patient's life. In addition, proficient independence recognizes the right to upright protest and thus clinical morals perceive the right of a specific doctor to dismiss the act of willful extermination, regardless of whether this training is in understanding with the law. Doctors' strictness or virtues are normally thought to be a significant motivation to protest specific practices, such as killing or helping self-destruction. For instance, the Medical Ethics Manual of the World Medical Association states that "Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient’s request or at the request of close relatives, is unethical." Additionally, the International Code of Medical Ethics of the World Medical Association states that "A physician shall always bear in mind the obligation to respect human life." [2]In the final stages of a patient's illness, "it does not prevent the physician from respecting the patient's desire to allow the natural process of death to follow its course". Indeed, who would be the individuals or groups of healthcare professionals charged with the responsibility for enabling and enacting EAS (euthanasia and assisted suicide)? What kind of effective practice training, supervision, scrutiny, and reporting would medical, nursing, and allied health students need? How might this affect the preparation of clinicians under the watchful eye of truly sick patients when it is recognized that current well-being experts' preparation doesn't sufficiently prepare them for these jobs? Additionally, it is necessary to evaluate the impact of such evolution on the internal morality of medicine, specifically on the professional development of physicians and the development of their moral character.

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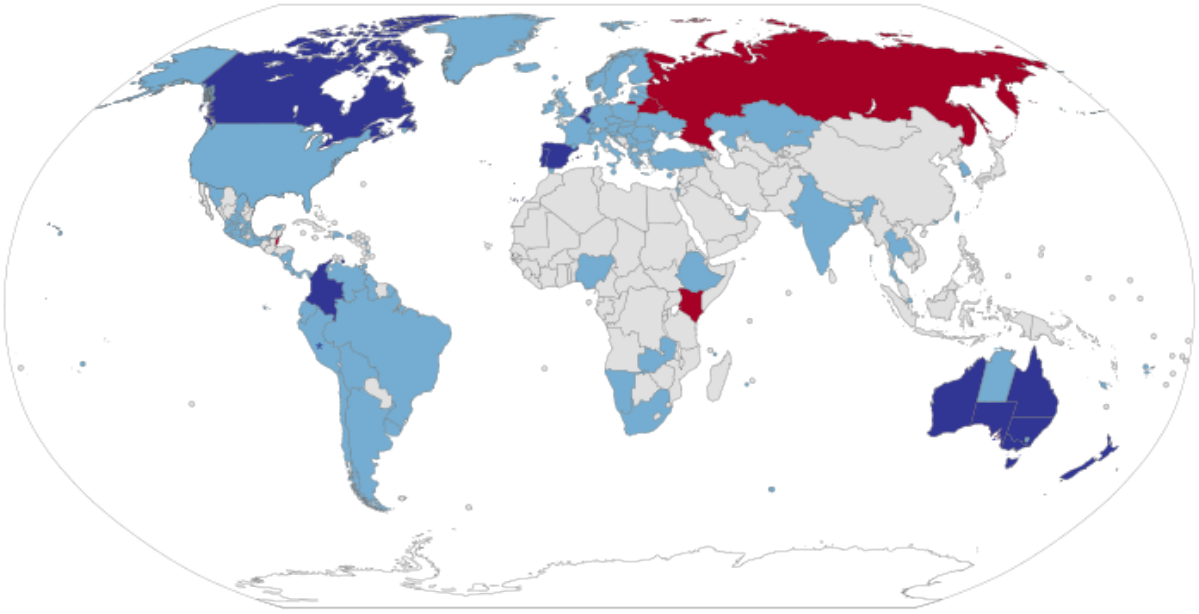
[2] https://www.walshmedicalmedia.com/open-access/euthanasia-a-challenge-to-medical-ethics-2155-9627-1000282.pdf

The Hippocratic Oath is one of the most revered documents among medical professionals. It is a historic ethical code taken by doctors after accepting their white gowns. The Oath expresses the professional conduct and obligations of doctors; It outlines the ethical obligations and professional standards physicians are expected to uphold. Principles such as putting the well-being of patients first, avoiding harm, maintaining confidentiality, upholding professionalism and integrity, and working with colleagues are emphasized in the oath. While varieties exist, the guiding principle of the oath, advancing patient government assistance and sticking to moral conduct, remains fundamental in the clinical field. Hippocrates, a Greek physician who was widely regarded as the "father of Western medicine," is the source of its name.

The legality of Euthanasia

The legal status of euthanasia varies from nation to nation. In Western nations, efforts to alter government policies regarding human euthanasia have been unsuccessful in



Current status of euthanasia around the world:

- Active voluntary euthanasia legal (Belgium, Canada, Colombia, Luxembourg, the Netherlands, New Zealand, Portugal, Spain, and the Australian states of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia)
- Passive euthanasia legal (refusal of treatment / withdrawal of life support)
- Active euthanasia illegal, passive euthanasia not legislated or regulated
- All forms of euthanasia illegal

the 20th and 21st centuries. Several non-governmental organizations (NGOs) have also developed human euthanasia policies, most notably medical associations, and advocacy groups. Belgium, Canada, Colombia, Luxembourg, the Netherlands, New Zealand, Portugal (awaiting regulation), Spain, and all six Australian states (New South Wales, Queensland, South Australia, Tasmania, Western Australia, and Western Australia) will legalize euthanasia in 2023. Between the years 1996 and 1997, the Northern Territory allowed euthanasia, but a federal law ended that. In 2021, a Peruvian court permitted the killing of a solitary individual, Ana Estrada. Euthanasia must not be confused with assisted suicide, which may be legal in certain other jurisdictions.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Colombia

In 1997, the Colombian Constitutional Court made euthanasia legal again. It established the practice's guidelines, ensuring that it is carried out under strict conditions and with the assistance of medical professionals. It is important to note that Colombia's euthanasia procedure necessitates careful evaluation and adherence to the existing legal framework. To guarantee that euthanasia is carried out in an ethical manner and with respect for the rights and autonomy of those involved, medical professionals must be involved, and certain criteria must be met.

The Netherlands

In April 2002, the Netherlands turned into the principal country to legalize euthanasia and assisted suicide. It imposed the following stringent conditions: The demand must be made by the patient in "full consciousness," the patient's illness must be incurable, and the patient must be in unbearable pain. According to the Royal Dutch Medical Association, so-called palliative sedation has also become commonplace in hospitals, with 15,000 cases per year since 2005. Medically-induced coma is administered to patients with a life expectancy of two weeks or less, and all nutrition and hydration are withheld. The regulation has incited a wild discussion over the "right to suicide," because helped self-destruction beyond the standards set for willful extermination is yet unlawful and is considered manslaughter.

United States of America

In five states in the United States, doctors can give terminally ill patients lethal doses of medication. However, euthanasia is against the law. The "aid in dying" movement has made small gains in recent years, but the topic is still up for debate. The first state in the United States to allow assisted suicide was Oregon. The law, which went into effect in 1997,

allows mentally competent patients who are terminally ill and have less than six months to live to request a life-ending prescription. A measure that was modelled after Oregon's law was approved more than a decade later by Washington state. Additionally, a law of a similar nature was enacted in Vermont. The practice was made legal by court decisions in Montana and, most recently, New Mexico. Lethal medications were prescribed to approximately 300 terminally ill Americans in 2013, and approximately 230 people died as a result.

United Kingdom

In the United Kingdom, euthanasia is against the law and can result in a murder or manslaughter charge. In England, Wales, and Northern Ireland, it is against the law to "assist or encourage" another person to kill themselves. In Scotland, there is no specific crime of assisting or encouraging suicide.

Germany

Due to World War II, active euthanasia is illegal and not debated in Germany. Suicide assistance is legal when carried out by an individual, but it is illegal when carried out by a group to organize repeatedly assisted suicide as a profession. The German ban on professional assisted suicide was deemed unconstitutional by the Federal Constitutional Court in 2020. In Germany, it is permissible to end treatment for incurable patients with an emphasis on reducing pain and not ending the patient's life.

Today, the highest court in Germany has ruled that a five-year-old law prohibiting professionally assisted suicide is unconstitutional. A group of terminally ill patients and doctors challenged a law that made "commercial promotion of assisted suicide" a criminal offence, and the court agreed with them. Assisted suicide was legal. However, the change in the law caused people with terminal illnesses to travel to Switzerland and the Netherlands to end their lives.

DIGNITAS

The Swiss group for self-determination, autonomy, and dignity is called DIGNITAS, which stands for "To live with dignity" and "To die with dignity." They are a member society with no profit that promotes, educates, and supports improved care and choice during life and at death. A foundation for making decisions that will shape life until the end is provided by their advisory concept, which combines palliative care, suicide attempt prevention, advance health care planning, and assisted dying. They have been at the forefront of worldwide implementation of "the last human right" since 1998.

Not Dead Yet

Not Dead Yet is a grassroots disability rights organization with a national reach that opposes legalizing assisted suicide and euthanasia as harmful forms of discrimination against the elderly, disabled, and sick. Not Dead Yet supports secular social justice arguments in organizing and articulating opposition to these practices. It demands that victims of so-called "mercy killing," whose lives are seen as worthless, receive equal legal protection.

World Federation Right to Die Societies

The World federation Right to Die societies ensure that everyone has the right to die in dignity, peace, and without suffering because death is inevitable and there is a growing belief worldwide that people should be able to choose when and how they die. [3]They are of the opinion that everyone should have access to a peaceful death at any time of their choosing, regardless of their nationalities, professions, religious beliefs, or ethical or political views. This applies to anyone who fully understands the consequences of carrying out their wish to die and who considers the reasonable interests of others. The World Federation of Right-to-Die Societies envisions a world where everyone has the right to die in peace, dignity, and without suffering; can pursue their own decisions about death while considering the sensible interests of others; and can make well-thought-out decisions about their death in a peaceful and secure setting that is supported by the law.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
1938	New York is where the Euthanasia Society of America (ESA) gets its start. One of the first organizations in the US to promote euthanasia.

[3] https://wfrtds.org/mission/

1940-1950	Euthanasia is heavily debated in the aftermath of World War II, with conversations fixated on the ethical ramifications of benevolence elimination and the encounters of Nazi Germany's killing programs.
1972	The Netherlands becomes the first nation to decriminalize voluntary euthanasia. Medical consultation and explicit, voluntary requests from patients are required by Dutch law.
1994	Oregon becomes the first state in the United States to make physician-assisted suicide legal. The law permits critically ill patients to demand deadly medicine from their doctors.
1997	The Court of the US rules that there is no established right to doctor-helped self-destruction, permitting individual states to decide their approaches regarding this situation.
In 2002	Belgium becomes the second nation to legalize euthanasia. The Belgian regulation permits the killing for adults.
2014	Belgium becomes the first nation to legalize euthanasia for children by expanding its euthanasia law to include minors under certain conditions.

2015	the Canadian Court rules that the Canadian Charter of Rights and Freedoms is violated by the ban on physician-assisted suicide. Euthanasia has been made legal in Canada as a result of the ruling.
2016	The Court of Colombia makes euthanasia legal, making it the first country in Latin America to do so.
2019	The Voluntary Assisted Dying Act makes euthanasia and assisted dying legal in the Australian state of Victoria. It permits adults with terminal illnesses who meet the eligibility requirements to apply for financial assistance from the government to end their lives.
2021	Spain passed a regulation permitting willful extermination and helped self-destruction, turning into the fourth European country to sanction such works on, following the Netherlands, Belgium, and Luxembourg.

RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

UN Treaty/Resolution/Event 1

Universal Declaration of Human Rights (UDHR)

The right to life, liberty, and personal safety [4](Article 3: "Everyone has the right to life, liberty and security of person.") are affirmed in the Universal Declaration of Human Rights (UDHR), which was approved by the UN General Assembly in 1948. In the context of

[4] https://www.un.org/en/about-us/universal-declaration-of-human-rights
https://documents-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/043/88/PDF/NR004388.pdf?OpenElement

euthanasia, this right is interpreted in a variety of ways, with supporters and opponents offering distinct perspectives on its applicability.

International Covenant on Civil and Political Rights (ICCPR)

United Nations Human Rights Committee's General [5]Comment No. 36 (2018): The International Covenant on Civil and Political Rights (ICCPR) guarantee of the right to life is the topic of discussion in the General Comment. It emphasizes that states are obligated by the right to life to provide effective protection for all individuals, including when it comes to decisions about death.

In October 2018, the Human Rights Committee finished the second reading of its draft General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights on the right to life, after adopting paragraphs 67 to 71. (Article 6. 1. "Every human being has the inherent right to life. This right shall be protected by law.")

World Medical Association (WMA)

In September 1947, the World Medical Association (WMA) was established at their inaugural General Assembly. It represents the interests of physicians and medical associations all over the world. The World Medical Association (WMA) has had a significant impact on global medical policy and ethics since its inception.

The World Medical Association (WMA) is a global organization that represents physicians. The WMA's ethical guidelines influence medical practice around the world. The WMA's Announcement on Killing (1987) completely expresses that willful extermination is unethical, and it goes against doctor cooperation in euthanasia or assisted suicide.

Council of Europe's Convention on Human Rights and Biomedicine (Oviedo Convention)

Euthanasia is one of the bioethical issues addressed by the Oviedo Convention, which was signed in 1997. [6]Article 9 of the show forbids the purposeful taking of life, even with the assent of the individual worried, aside from when safeguarding the existence of others is essential.

UN General Assembly High-Level Meeting on Universal Health Coverage

Universal Health Coverage (UHC) was the topic of a high-level meeting held in September 2019 by the UN General Assembly. The discussions included access to

[5] https://www.ohchr.org/en/press-releases/2018/10/human-rights-committee-concludes-second-reading-its-draft-general-comment

[6] Article 9 – Previously expressed wishes: The previously expressed wishes relating to a medical intervention by a patient who is not, at the time of the intervention, in a state to express his or her wishes shall be taken into account.

high-quality healthcare, including palliative care, as an essential part of UHC, despite not specifically addressing euthanasia.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Regulating and legalizing

Euthanasia and physician-assisted suicide have been made legal in some countries and jurisdictions under certain conditions. The purpose of these laws is to establish a legal framework for individuals to make decisions regarding their end of life and to implement safeguards to prevent abuse. The authorization and guideline approach commonly includes laying out severe models, like terminal disease, excruciating affliction, and willful assent, to guarantee that killing is done morally and as per laid out rules.

Ethical Guidelines and Codes of Conduct

To deal with euthanasia, ethical guidelines and codes of conduct have been developed by professional and medical organizations like the World Medical Association and national medical associations. Ethical frameworks and principles for healthcare professionals' decision-making and practice are provided by these guidelines. They frequently accentuate the significance of regard for patient independence, the supremacy of protecting life, and the obligation of medical care suppliers to lighten enduring proper means.

Court Rulings and Legal Precedents

Through legal challenges and court decisions, the issue of euthanasia has been addressed in some instances. Legal precedents regarding the boundaries and conditions under which euthanasia may be permitted or prohibited have been established through these processes, which have contributed to shaping the legal landscape. When making decisions about euthanasia, courts have frequently had to weigh constitutional rights, individual autonomy, and societal interests.

Public Dialogue and Debates

The discussion and public discourse surrounding euthanasia have been crucial in addressing the issue. Societies have thoughtfully discussed the ethical, social, and legal implications of euthanasia through debates, public hearings, and consultations. These conversations help to shape public opinion, guide policy decisions, and raise awareness of the intricate factors that go into making decisions about one's end of life.

POSSIBLE SOLUTIONS

Palliative Care Development

A strategy for dealing with the problem is to make palliative care and end-of-life support more accessible. Palliative consideration centres around overseeing torment, offering profound help, and improving the personal satisfaction of patients with difficult ailments. The goal is to alleviate suffering and provide patients considering euthanasia due to inadequate pain management or a lack of support by improving palliative care services and training healthcare professionals in this area.

Palliative care may not be globally accessible, especially in resource compelled settings or rural regions. Additionally, it necessitates the participation of healthcare professionals from a variety of specialities, which unfortunately may also indicate a potential shortage of qualified professionals. Inequitable access to essential end-of-life support also may result from gaps or disparities in services, while some individuals may receive comprehensive and high-quality care.

Advance Directives and Medical Decision-Making

Individuals can express their preferences regarding end-of-life care, including euthanasia, by encouraging the use of advanced directives and robust medical decision-making processes. While ensuring that decisions are made within a framework that is both legally and ethically sound, this strategy emphasizes the significance of respecting individual autonomy.

Advance Directives may not always be well-documented, accessible, or known to healthcare providers, especially during emergencies. Effectively implementing the patient's preferences may be challenging as a result. Moving on, they might not cover every possible medical scenario or they might not reflect a person's current beliefs and aspirations. A person's values and preferences for treatment may change over time, making it difficult to rely solely on previous directives.

Last but not least, the directives might be interpreted differently by family members and healthcare professionals, which could cause arguments and moral quandaries.

Ethical Guidelines and Professional Education

Providing healthcare professionals with ongoing education and comprehensive ethical guidelines can help ensure that they have the knowledge and skills necessary to navigate complex situations involving the end of life. The goal of this strategy is to help people gain a deeper comprehension of medical ethics, such as the concepts of autonomy, beneficence, and non-maleficence.

Euthanasia presents a difficult ethical dilemma in which distinct principles and values may clash, resulting in subjective interpretations and possibly contentious decision-making processes among healthcare professionals. Additionally, different cultural and religious contexts can have different ethical guidelines and professional education on euthanasia, making it difficult for healthcare professionals to come to a consensus and have a common understanding when making decisions.

Lastly, making decisions about death, such as euthanasia, can have a significant psychological and emotional impact on healthcare professionals, resulting in moral distress, burnout, and emotional burden.

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