

Euthanasia

Mercy Killing

WHAT IS EUTHANASIA?

- **EUTHANASIA** comes from the Greek words: **Eu (good)** and **Thanatos (death)** and it means “Good Death”, “Gentle and Easy Death.”
- Now it means “**the act of inducing an easy death**”, usually referring to acts which terminate or shorten life painlessly in order to end suffering where there is no prospect of recovery.
- This word has come to be used for “**mercy killing**”.
- It is the act or **practice of ending a life** of a person either by a lethal injection or suspension of medical treatment.

The Terri Schiavo case

A famous medical ethics stories.

Terri Schiavo was an American woman who had **severe brain damage** after her heart stopped in 1990.

- She was left in a **persistent vegetative state**, meaning she was alive but not conscious or aware.

- She could not eat or drink on her own, so she was kept alive using a **feeding tube**.

Husband (Michael Schiavo) said Terri had previously told him she **would not want to live like this**, so he wanted to remove the feeding tube.

- Her **parents disagreed**, believing she might improve and that removing the tube would be wrong.

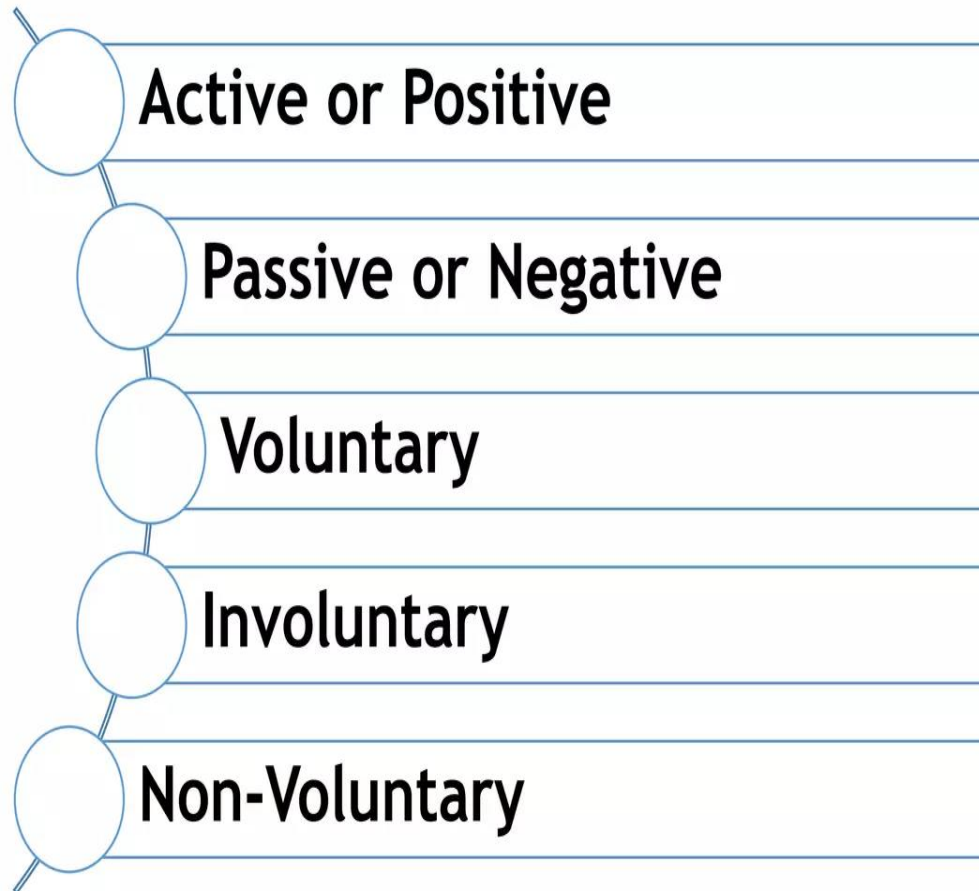
- Courts eventually agreed with the husband.

- In 2005, the feeding tube was removed, and Terri died.

Euthanasia raises agonizing moral questions like these:

- Is it ever right for another person to end the life of a terminally ill patient who is in severe pain or persistent other suffering?
- If euthanasia is sometimes right, under what circumstances is it right
- Is there any moral difference between killing someone and letting them die?
- Netherland was the 1st country legalized euthanasia.

WHAT ARE THE TYPES OF EUTHANASIA?



Forms of euthanasia

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

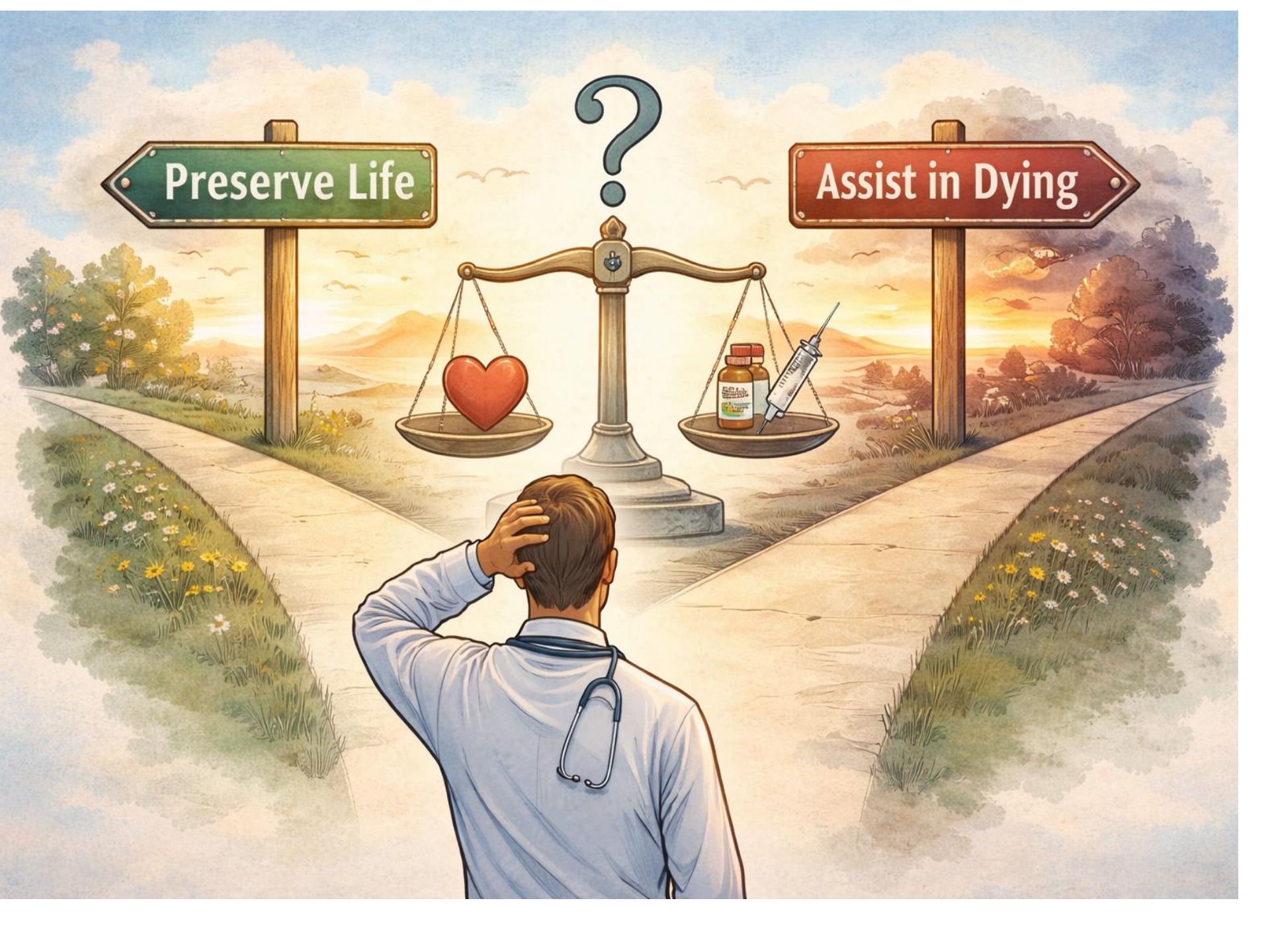
- **Voluntary euthanasia** occurs at the request of the person who dies.
- **Non-voluntary** euthanasia occurs when the person is unconscious or otherwise unable (for example, a very young baby or a person of extremely low intelligence) to make a meaningful choice between living and dying, and an **appropriate person takes the decision on their behalf.**
- **Involuntary:** euthanasia occurs against the will of the patient. It is a murder.

- **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.
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- **Assisted suicide**

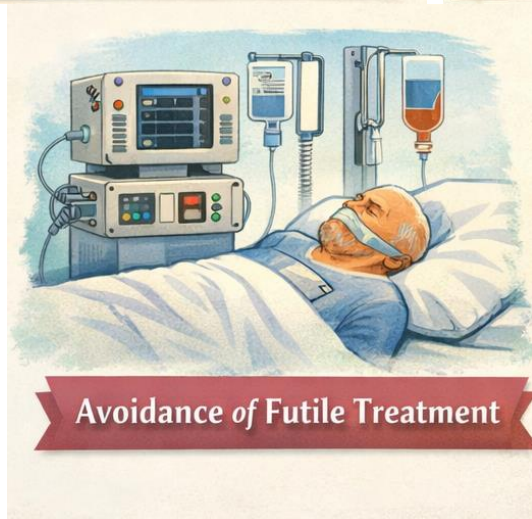
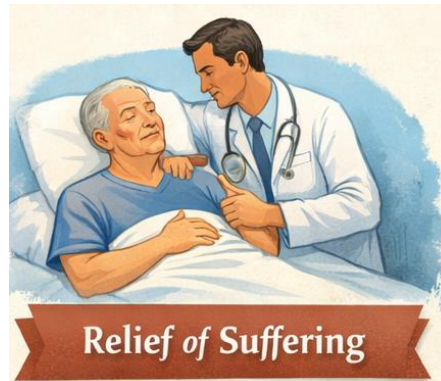
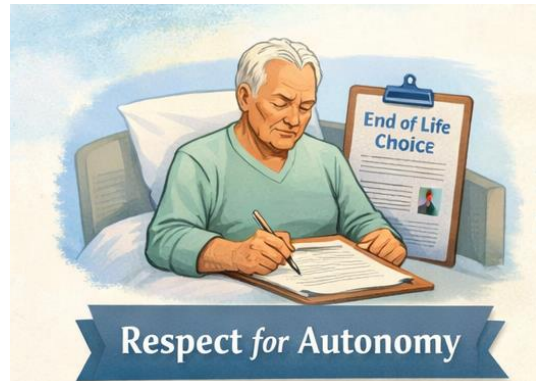
- Someone provides an individual with the information, guidance, and means to take his or her own life with the intention that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called "**physician assisted suicide.**"



Preserve Life

Assist in Dying

Arguments in Favor of Euthanasia



I. Respect for Patient Autonomy

- A competent individual has the right to make decisions about their own body and life, including how and when it ends.
- If patients can refuse life-sustaining treatment (which may lead to death), supporters argue they should also be allowed to actively choose death.
- Denying euthanasia may be seen as **paternalistic**, overriding a patient's informed wishes.

2. Relief of Suffering

(Beneficence)

- Some patients experience unbearable suffering (pain, breathlessness, psychological distress) that cannot be adequately relieved even with advanced palliative care.
- In such cases, euthanasia is viewed as an act of mercy.
- The ethical duty of physicians to “do good” may include ending suffering when no other options remain

3. Preservation of Human Dignity

- Terminal illness can lead to:
 - Loss of independence
 - Incontinence
 - Severe cognitive decline
- Some patients feel that prolonged deterioration undermines their sense of dignity.
- Euthanasia allows them to die on their own terms, before reaching a state they consider intolerable.



5. Avoidance of Prolonged Dying and Medical Futility.

6. Psychological Benefit and Sense of Control

- Knowing euthanasia is an option can:
 - Reduce anxiety and fear of future suffering
 - Provide patients with a sense of **control over death**

Interestingly, some patients who are approved for euthanasia **never use it**, but feel comforted just having the option.

7- Fairness and Equality

- **Without legal euthanasia:**
 - Some patients may attempt **suicide alone**, often in distressing or violent ways
 - Others may travel abroad (if financially able), creating inequality
- **Legalization ensures:**
 - Equal access
 - Safer, medically supervised conditions

10- Regulation

Without legalization:

- Some end-of-life decisions may happen in hidden ways.
- Legal frameworks allow **clear rules**.

The suggestion here is that regulation may reduce abuse rather than increase it.

- **Medical resources**

Euthanasia may be necessary for the fair distribution of health resources.

- some people who are ill and could be cured are not able to get speedy access to the facilities they need for treatment.
- At the same time health resources are being used on people who cannot be cured, and who, for their own reasons, would prefer not to continue living.

«Dear Dignitas.

My name is J.(xx) H.(xx). I am 19 years old, and live in Scotland, UK.

About 2 months ago I attempted to commit suicide by jumping off a multi storey car park. My attempt failed, and instead of dying, I write this e-mail to you from my hospital bed.

I crushed both of my feet, broke my leg, broke my knee, broke my sacrum (part of my pelvis) and broke my spine, in 3 places, which has resulted in a degree of paralysis in my legs. I spent 6 weeks in hospital.

I am told that I will need to spend 6 months at hospital, and that I will be in a wheelchair for the rest of my life. I now have a loss of sexual function, which seems unlikely to return, as well as huge problems managing my bowels and bladder (I cannot feel them moving).

I was already suicidal, and now that I will be disabled for the rest of my life, at such young age, I truly cannot bear the prospect of life. I am only 19, and I now have the grim reality of 60 years in a wheelchair. The physical pain I am in alternates between bearable and completely unbearable.

I would like to ask if I could be considered for an assisted suicide, as I am completely certain I would like to end my life, and believe I should have the right to do so.

I would be too afraid to try and kill myself again, given the devastating effects of my first failed attempt. It would also be much more difficult to attempt suicide from a wheelchair. I only wish that my country was humane enough to let a person die. Please consider my letter, I hope to hear a response,

Arguments against euthanasia

1. Sanctity of life

- **This is the most fundamental objection.**
- **Human life is seen as having intrinsic value, regardless of illness, disability, or suffering.**
- **Intentionally ending life is considered morally wrong, even for compassionate reasons.**
- **In many religious and philosophical traditions, life is not ours to end deliberately.**

2. Slippery slope argument

This is a practical and ethical concern. Initially limited to **terminal, competent patients**, euthanasia may gradually expand to:

- Non-terminal illness

- Psychological suffering

- Non-voluntary cases (e.g., dementia, infants)

3. The value of suffering

It isn't easy to define suffering - most of us can decide when we are suffering but what is suffering for one person may not be suffering for another.

Some people think that suffering is just one of the tests that God sets for human beings, and that the way we react to it shows the sort of person we are, and how deep our faith and trust in God is.

Suffering is something which draws upon all the resources of a human being and enables them to reach the highest and noblest points of what they really are.

4. Against best interests

- Euthanasia may not be in the best interests of the patient:
- The diagnosis may be wrong, and the patient is not terminally ill
- The prognosis may be wrong, and the patient is not going to die soon
- The patient is getting bad medical care and their suffering could be relieved by other means
- The patient requests euthanasia because of a passing phase of their disease, but is likely to feel much better in a while

5. Other people have rights too

- Euthanasia is usually viewed from the viewpoint of the person who wants to die, but it affects other people too, and their rights should be considered.
- family and friends
- medical and other careers
- We should also balance our individual right to die against any bad consequences that it might have for the community in general.- such as making involuntary euthanasia easier and so putting vulnerable people at risk.

6- Regulation of euthanasia

- **It's not possible to regulate euthanasia**
- Euthanasia opponents don't believe that it is possible to arrange laws and guidelines that will prevent the abuse of euthanasia.

7. Devalues some lives

- Some people fear that allowing euthanasia sends the message, "it's better to be dead than sick or disabled".
- Some societies have regarded people with disabilities as inferior, or as a burden on society and should be prevented from having children or even eliminated.

8. Doctors and power

- It gives doctors too much power
- In most of these cases the decision will not be taken by the doctor, but by the patient. The doctor will provide information to the patient to help them make their decision
- Some doctors have been shown to take these decisions improperly, defying the guidelines
- Do Not Resuscitate orders are more commonly used for older people and, in the United States, for black people, alcohol misusers, non-English speakers, and people infected with Human Immunodeficiency Virus. This suggests that doctors have stereotypes of who is not worth saving.

9. Proper palliative care makes euthanasia unnecessary

- Palliative care is physical, emotional and spiritual care for a dying person when cure is not possible. It includes compassion and support for family and friends.

Oregon's Death With Dignity Act

The US state of Oregon legalized physician assisted suicide in 1998. During the first three years only around 2 people a month used this to end their lives.

In 2024, 607 people were reported to have received prescriptions under the DWDA.

The criteria required for DWDA:

- The patient must make two oral requests to the attending physician, separated by at least 15 days.
- The patient must provide a written request to the attending physician, signed in the presence of two witnesses, at least one of whom is not related to the patient.

- The attending physician and a consulting physician must confirm the patient's diagnosis and prognosis.
- The attending physician and a consulting physician must determine whether the patient is capable of making and communicating health care decisions for him/herself;
- If either physician believes the patient's judgment is impaired by a psychiatric or psychological disorder (such as depression), the patient must be referred for a psychological examination;
- The attending physician must inform the patient of feasible alternatives to the DWDA including comfort care, hospice care, and pain control;

DNR - Do Not Resuscitate

- A **Do Not Resuscitate (DNR) order** is a medical directive indicating that **cardiopulmonary resuscitation (CPR)** should *not* be performed if a patient's heart stops (cardiac arrest) or they stop breathing (respiratory arrest).
- **When is a DNR considered?**

A DNR is usually discussed when:

1. The patient has a **terminal illness**
2. There is **advanced, irreversible disease**
3. CPR would have a **low chance of success**
4. The expected outcome is **poor quality of life**

1. What exactly does a DNR mean?

A DNR specifically applies to **resuscitation attempts**, including:

1. Chest compressions
2. Electric shocks (defibrillation)
3. Intubation and mechanical ventilation (in many settings)

 It **does NOT** mean:

1. “Do not treat”
2. “Stop all care”

 Patients with a DNR can still receive:

1. Pain control (analgesia)
2. Oxygen, antibiotics, fluids
3. Surgery or other treatments if appropriate

Guidelines of DNR

- 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 successful resuscitation would not be in the patient's best interest because it would lead to a poor quality of life

DNR IN JORDAN

There are no clear decisions from the Jordanian Ministry of Health permitting or prohibiting the application of the DNR in ministry hospitals, nor is there a clear legal regulation for this issue. However, the King Hussein Cancer Center and some private hospitals implement it.

المادة ١٦ أ- لا يجوز إنهاء حياة متلقي الخدمة أياً كان السبب ولو كان بناء على طلبه او طلب وليه او الوصي عليه .

ب- لا يجوز رفع اجهزة الانعاش عن متلقي الخدمة إلا اذا توقف القلب توقفاً تاماً ونهائياً ، او توقفت جميع وظائف الدماغ توقفاً تاماً ونهائياً وفقاً للمعايير الطبية الدقيقة وقرر الاطباء المعالجون بان هذا التوقف لا رجعة فيه .

