



# Aspects and Dilemmas of Euthanasia in Modern Times

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## Abstract

Euthanasia is a very complex medical and moral issue. The name has taken throughout history quite different meanings especially in recent decades. There have been many controversial debates and ethical questions raised in modern society. The aim of the paper was to introduce in more detail the issue of euthanasia in the modern world and to review the decisions on this issue. The end of life is still a part of life. It is of great importance for every person and requires true compassion and solidarity. The task is to restore human dignity, by respecting the will of the sedating patient. It is the responsibility of doctors and medical staff to use their comprehensive knowledge and ethical approach to provide calm patients with peace and tranquillity. Euthanasia is a discipline. It is also a concept and a term full of conflicts, which need to be analysed. Therefore, it is necessary to consider the criteria of the bioethical aspect of this activity. The right to euthanasia is not ethically indifferent. We can expect in the near future a deeper understanding of the euthanasia issue.

**Key words:** Euthanasia; Modern society; End of life; Human dignity; Jurisprudence.

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### Citation:

Greš A, Staver D, Radovančević LJ. Aspects and dilemmas of euthanasia in modern times. Scr Med. 2024 Mar-Apr;55(2):245-50.

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Received: 17 December 2023  
Revision received: 29 January 2024  
Accepted: 30 January 2024

## Introduction

"All human life is nothing but a journey to death."  
- Seneca

The word euthanasia is of Greek origin. The word "eu" means good and the word "Thanatos" means death.<sup>1</sup> When combined etymologically they mean a good, peaceful and gentle death. It was also called "mercy killing", that is when someone cannot be helped in any other way, so that they won't suffer anymore.<sup>2</sup> Consequently, all aspects of euthanasia involve the fields of bioethics and suicidology. Euthanasia has no persistent, nagging clumsy implications as death occurs in calmness and dignity. The imperativeness of legalising euthanasia lies in cases where treatment is futile. Even palliative care in a hospice no longer helps and an individual essentially vegetates,

deprived of the social dimension and quality of life. At such a stage, as the priest at the funeral says, such an individual suffers from "death agony" as their soul is in their nose.<sup>3</sup> Although death itself does not have to be painful, a dying person in modern times may be given strong analgesics to alleviate any discomfort. They may also undergo procedures such as injections, preparation of veins for infusion, or transfusions and be connected to medical devices.<sup>4</sup> However, if the person is not unconscious or in a coma (without having been induced), they may still experience some degree of pain and suffering as they approach the end of their life. Despite attempts to manage their pain with various pharmacological interventions, these efforts may prove ineffective and inadequate. Healing cannot be assumed

or predicted, as doctors in the intensive care unit have experienced. Doctors who make predictions about a patient's lifespan, whether it be months or days are disrupting the potential for their survival.<sup>5</sup> This is referred to as *vitium artis*, denying someone's recovery. Additionally, many patients fear being buried alive or in a crematorium. Euthanasia, also referred to as "assisted suicide", is a procedure carried out when an individual is in close proximity to death. A well-known statement by the Greek philosopher goes, "I am not afraid of death - when I am here, it is gone and when it comes, I am gone".<sup>6</sup> Euthanasia can be categorised into three types based on the cause, consent or intention. With respect to the cause, euthanasia can be passive, active, voluntary or involuntary.

Active euthanasia is generally understood to take place in a medical setting and involves intentionally ending a person's life, as well as that of animals.<sup>7</sup> Passive euthanasia, on the other hand, is typically used to refer to the withholding or withdrawal of necessary treatment for the purpose of protecting and preserving human life. This can include decisions to prolong life or to not provide treatment. The moral distinction between active and passive euthanasia is that the former involves causing a person's death, whereas the latter involves allowing them to die.<sup>8</sup>

Voluntary euthanasia incorporates two sub-terms: it refers to the act of dying at the request of a terminally ill person. Testamentary euthanasia, a type of voluntary euthanasia, is when a person gives instructions on how they want to be treated in the event that they are unable to express their wishes due to illness or injury. It's crucial to note that during times when a patient is unable to communicate their desires, due to a severe illness or trauma, the patient's wishes are of utmost importance.<sup>9</sup>

Involuntary euthanasia refers to the death of an individual who did not consent to it. Such an act is necessarily regarded as criminal homicide. Some patients view death as the natural conclusion to the events of their life. Such individuals are not interested in expediting their death nor are they inclined to delay it. Death, for them, is a mystery that they approach with equanimity.<sup>10</sup> Doctors may deem it necessary to intervene in certain circumstances. Medical science has its limitations. Distinctions exist between active intervention by a doctor to end life and the deci-

sion not to prolong life (decision not to treat). Patients may request either course of action, while also having the right to refuse or consent. There are instances in which an individual is unable to make a decision. *Dysthanasia* serves as the antithesis of euthanasia, meaning it is a term that refers to the provision of treatment that is futile and results in a prolonged period of suffering.<sup>11</sup>

Attitudes towards euthanasia vary worldwide when comparing criminal procedures for euthanasia, mercy killing and assisted suicide. It can be inferred that there are divergent legal approaches, particularly in European countries. Patient autonomy is a crucial aspect of informed healthcare and it is most effectively achieved through a relationship of trust and openness between the doctor and patient.<sup>12</sup>

## Discussion

"He who fears death will never do anything worth of a man who is alive."  
- Seneca

### Euthanasia throughout history

It was first recorded around three hundred years before Christ. In the Greek literature, euthanasia is a rare term, in the theatre work "Ant" by the Greek comedy writer Posidippo. In the Roman Empire, according to historians, Cicero was the first who mentions euthanasia. In the Renaissance, under the influence of antiquity, the art of dying "ars moriendi" was developed. In the modern age, during the 18th century, doctors did not agree to euthanise seriously ill patients. In 1903, the New York State Medical Association came out accepting and supporting euthanasia.<sup>13</sup> At the end of the 19th century, euthanasia became more and more topical. A lot of literary works were created on the subject of euthanasia and its problems. During the Second World War, euthanasia "flourished" despite the fact that everything was done secretly and illegally.<sup>14</sup> In 1952, a request was sent to the United Nations (UN) to recognise and approve euthanasia. In 1984 the Congress of the International Association for the Right to Die was organised in Nice. The legalisation of euthanasia has been requested many times, especially often in Great Britain and the USA, but so far the requests have been unsuccessful. In 1976, the Council of Europe adopted the right

of patients not to suffer uselessly. Euthanasia is not approved in Norway and Uruguay, but it is not punishable. Certain forms of euthanasia or assisted suicide are currently legalised in a minority of countries in the world such as: the Netherlands, Belgium, Luxembourg, Switzerland, Australia, New Zealand, Canada, Spain, while palliative sedation is allowed in France.<sup>15</sup>

### Hospice and palliative care needs

Other assistance in alleviating pain and suffering in the terminal phase of the disease may be considered in accordance with human dignity. There are institutions that take nursing of patients in the terminal phase of the disease, taking into account their individual needs. Care of terminally ill patients mostly comes down to reducing pain and suffering. Therefore palliative care has also a holistic approach to the patient. The role of the hospice approach is interdisciplinary. Part of caring for the patient also belongs to the family itself.<sup>16</sup> Undisputed values of palliative care and hospice are fundamental assumptions and visible factors in the scope of activities of various centres and in understanding the point of view of providers of services to the dying persons. Everything is interconnected and networked. Candidates for euthanasia actually mostly live on the last, final border of physical life and death. Some can stay that way for a long time.<sup>17</sup> Therefore, death fascinated and worried even primitive people and they tried in many ways to naively prevent, postpone and deny it. In 2014 the World Health Organization Assembly approved a resolution on "Strengthening palliative care as a component of comprehensive care throughout life".<sup>18</sup>

### Views of religions on euthanasia

From the Church's point of view, abortion is also euthanasia (not voluntary), by the request and begging of the mother, because according to the dogmatic postulate of the Church, life begins with conception. The mercy of euthanasia, Pope John Paul II. declares it to be false pity, since true pity does not kill, but stands in solidarity with the sufferer.<sup>19</sup> Euthanasia has a controversial history and calls into question the central belief of the Judeo-Christian tradition, which is the "sanctity of human life". Because it is seen as a gift from God, taking a life is forbidden and severely punished. In the eyes of many believers, euthanasia is still a form of a murder. Numerous world religions are currently dealing with the issue of euthanasia.<sup>20</sup>

### Dilemmas about euthanasia

Euthanasia as a term itself together with everything it represents becomes the subject of constant and rather controversial discussions. This is the case with every conscious human, who distinguishes "Good from Evil", because he has a superego and an ego.<sup>21</sup>

The mythological-religious-philosophical, psychoanalytical term "Thanatos" is an integral part of the word euthanasia. It is one of the cardinal things, along with the context of freedom, bioethics, ontology, battles, being, epistemology, coexistence and other terms and disciplines. Philosophy cannot avoid such contents that preoccupy euthanasia: desire, freedom, will, plea for a solution to the human final event.<sup>22</sup>

In the past suicide survivors were penalised in some countries. It was forbidden to bury suicide victims on the consecrated soil of the cemetery. Antigone's concern for her brother's burial is a striking ancient example. By suicide, the state (society) is deprived of its member in which it was invested from the Church of its benefactors and procreation believers. The legalisation of euthanasia is not allowed in some countries for similar reasons.<sup>23</sup> Euthanasia is decided by the team that takes care of the terminally ill patient, who has agreed to stop the treatment if it no longer makes any sense according to medical principles and experience and the ineffective available drugs and means. Pain that becomes refractory to analgesics, like strong drugs (cocaine, opium, etc) and no quality of life exists anymore. He is deeply depressed and disillusioned, resigned, indolent and ignorant of any joys and happiness in life. Sometimes the problems that arises are too difficult even for the doctors themselves.<sup>24</sup> The deep seated adherence of law (jurisprudence) to the intention, rather than the consequences themselves, is an important reference point in the moral assessment of any action.<sup>25</sup> In ethical discussions about euthanasia, the focus is often and exclusively on the involvement and responsibility of doctors, while the involvement of nurses is rarely given much attention. Although, euthanasia can be part of a medical end of life decision. Nurses are greatly involved in the issue. Nurses and technicians are the ones who are involved in the care of dying patients every day.<sup>26</sup> Abuses, arbitrary decision of the euthaniser, corruption in the form of bribery of the euthaniser (deprived of ethics), by relatives,

who want to get possession of a rich inheritance as soon as possible and dying only burdens them, supposedly.<sup>27</sup> Voluntary consent was included in the Patient's Rights Act. Consent is signed not only by those referring to euthanasia, but by all patients who consent, for example, to a surgical procedure or other operation, a more risky treatment. The purpose of the consent is to insure the medical staff and the institution against involuntary liability and possible lawsuits.<sup>28,29</sup>

Cloning is also one of the ways of extending one's genes into eternity, only the person is not a product of biology only, but also of all external factors. Pedagogical, sociological circumstances and influencing factors. So, for example, the cloned old genius Einstein could possibly never become a new Einstein.<sup>30</sup> The misuse of euthanasia as an excuse for the Holocaust was part of the Nazi policy of eugenics.<sup>31</sup>

Latent suicides agree with the death penalty and euthanasia so that they don't have to kill themselves, because that brings stigma.<sup>32</sup> Euthanasia does not, but suicide carries a stigma, which means shame in front of society and for the family. For mercy or other reasons, assisted suicide is in contrast to the former criminal, illegal murder, as well as the legal - death penalty. Abolished in many countries by publication due to the principle of jurisprudence.<sup>33</sup> Unrealistic expectations are common in artificial attempts to prolong the mostly unnecessary treatment of sick persons deprived of a social sense of the usefulness of living in many ways that prologue the previously mentioned processes of dying.<sup>34</sup> In addition to bioethical deontological, medical, etc attempts to preserve dignity, it is important to take into consideration the more realistic individual state of the dying, in order to identify areas of special importance and value for the mentioned contexts and narratives in procedures before euthanasia.<sup>35</sup> Determination of the objective state of affairs and the contemporary euthanasia situation is inevitable, in order to really help the dying, before euthanasia itself.<sup>36</sup> Patient aware of the inevitable end and his torments in pain and weakness, loss of reason, ability to live, wanted to participate in his death actively, with his own hand and even with the help of someone else's. If he was no longer able or he didn't have the will, courage and ability to do it. The idea of euthanasia developed early.

There are also economic, material causes of attempts to end life.<sup>37</sup> Attitudes why people support or do not support euthanasia cannot be reduced to certain principles or arguments, but maintain an integrated assessment of a series of considerations, based on personal priorities and experiences.<sup>38</sup> Some countries of the European Union; Belgium and the Netherlands legalised euthanasia in 2002 and until recently were the only countries in Europe.<sup>39</sup> We live fast in a modern society, where technology and medicine are advancing every day offers more and more hope to seriously ill patients and the majority of society believes that euthanasia should not be legalised yet. Euthanasia is the subject and topic of many studies and philosophies. The attitude towards death changes in different cultures and historical periods. Man could never be indifferent, come to terms with his disappearance from the face of the Earth into nothingness.<sup>40</sup> The financial and economic aspects of euthanasia should not be ignored either, although in advanced countries (such as Switzerland and the Netherlands) the execution of euthanasia is expensive and the applicants are mostly wealthy clients.<sup>41</sup>

## Conclusion

Different views exist concerning euthanasia, making it challenging to create a global team of professionals in the near future. Legalisation of euthanasia exists in some countries, while ethical and religious principles may limit it in most other countries. Although living in a modern society, legalising euthanasia raises many doubts and creates more questions than answers. One of the dilemmas is, for example, the criteria for candidates for voluntary euthanasia. Apart from their wishes, expressed in writing, publicly and officially, it's about their mental health and the ability for that act.

We believe in the premise that human life is of great value and should be loved and protected. We accept that individuals have the right to decide what doctors will or will not do. But the question is, is this right absolute or is it a question of the limits of autonomy. Scientists approach death rationally, yet the existence of certain positive effects leaves a lot of room for some future theoretical developments.

## Ethics

Ethical approval was not sought for the present study because this publication was not a result of any primary clinical studies involving human subjects.

## Acknowledgement

None.

## Conflicts of interest

The authors declare that there is no conflict of interest.

## Funding

The research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Data access

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

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